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The University of Southern Mississippi

ELEMENTARY TEACHERS' PERCEPTIONS OF RESPONSE TO INTERVENTION
AND TEACHER SUPPORT TEAM EFFECTIVENESS WITHIN
A MISSISSIPPI GULF COAST SCHOOL DISTRICT

by

Shanta Dannette Rhodes

Abstract of a Dissertation
Submitted to the Graduate School
of The University of Southern Mississippi
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Philosophy

May 2014

ABSTRACT

ELEMENTARY TEACHERS' PERCEPTIONS OF RESPONSE TO INTERVENTION
AND TEACHER SUPPORT TEAM EFFECTIVENESS WITHIN
A MISSISSIPPI GULF COAST SCHOOL DISTRICT

by Shanta Dannette Rhodes

May 2014

The purpose of this study was to examine elementary teachers' perceptions of the effectiveness of Response to Intervention (RTI) and Teacher Support Team (TST) within a Mississippi Gulf Coast school district. RTI models have gained popularity within the national education system. Schools are encouraged to implement RTI in efforts to improve the learning and achievement of all students, while meeting the requirements of the No Child Left Behind Act of 2001 (NCLB) and the Individuals With Disabilities Education Act of 2004 (IDEIA). With the change of educational policy, the role and function of teachers have changed. Understanding perceptions teachers might have towards implementing RTI can be beneficial for the successful implementation of RTI. This study examined teachers' familiarity with RTI and TST, level of training or adequacy, perceptions of RTI and TST effectiveness, perceptions related to special education, and influencing factors on decisions to refer students to TST. This study also examined teachers' perceptions of RTI and TST based on whether there was a full-time and part-time facilitator, area of certification, level of education, and years of experience.

This quantitative study utilized the Bailey-Tarver survey which included four demographic questions, 21 Likert scale statements, and two multiple response questions. Descriptive statistics and Analysis of Variance (ANOVA) were used to analyze data from

the survey. The results from this study indicated that there were no significant differences in teachers' perceptions of the effectiveness of RTI and TST based on whether the school had a full-time and part-time facilitator, level of education, and years of experience. However, there was a significant difference in teachers' perceptions of RTI and TST effectiveness based on area of certification. The results of this study also provided recommendations for the school district to plan for effective implementation of RTI in the future. The recommendations encourage school leaders to offer more in-service or teacher training, find ways to accelerate or simplify the RTI/TST process, and provide full-time RTI facilitators and effective interventions.

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Approved:

Dr. Thelma Roberson

Director

Dr. David Lee

Dr. J.T. Johnson

Dr. Myron Labat

Dr. Maureen A. Ryan

Dean of the Graduate School

May 2014

DEDICATION

This dissertation is dedicated to the most powerful, loving, everlasting God. Without him, none of this would be possible. He is the one who gave me the necessary tools to take on such an endeavor. I would also like to dedicate this dissertation to my family. To my mother, Pamela, thank you for believing in me and challenging me to be the very BEST I can be. To my sister and brother, Naomi and Raymond, I am grateful for your encouragement and how proud you are of your “Big Sis.” I truly appreciate all of your love, support, and prayers throughout this journey.

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CHAPTER I

INTRODUCTION

Concerns have increased in the United States about procedures for identifying students with a learning disability in recent years. The IQ-Achievement Discrepancy Model was traditionally used to identify students with learning disabilities (Reschly, 2005). The IQ-Achievement Discrepancy Model assessed whether there is a significant difference between a student's scores on a test of general intelligence and scores obtained on an achievement test. However, the use of this model has been highly criticized because of its wait to fail approach (Brown-Chidsey, 2007; Canges, Golez, Murphy, Pavri, & Richards, 2007).

During the past few years, significant changes within the education system have occurred in the United States. Some of the most notable changes have resulted from the passage of the No Child Left Behind Act (NCLB) of 2001, which required schools to ensure high-quality instruction to all students through the use of evidence-based practices provided by highly qualified teachers (Klotz & Canter, 2007). NCLB also outlined provisions for aligning curriculum content with state mandated assessments and progress monitoring systems (Benjamin, 2011).

Other notable changes resulted from the Individuals with Disabilities Education Act (IDEA), which was reauthorized by Congress in 2004. The reauthorization of IDEA replaced the original discrepancy model with a model of intervention known as Response to Intervention. Response to Intervention (RTI) is a multi-tiered approach to providing individualized instructional services and interventions to students at increasing levels of intensity, based on careful monitoring of student progress and data analysis (Batsche et

al., 2006). The purpose of RTI is to provide early interventions to all students at risk of school failure (Fuchs & Fuchs, 2006).

NCLB (2001) and IDEA (2004) emphasized the importance of providing high quality, scientific-based instruction and interventions (Klotz & Canter, 2007). Both laws also hold schools accountable for the progress of all students in terms of meeting state standards and assessments (Klotz & Canter, 2007). These legislative mandates have occurred to update the identification process to a more effective, accountable way to identify specific learning disabilities. The RTI model provides early intervention rather than waiting for a child to fail (Klotz & Canter, 2007). Furthermore, RTI relies on evidence-based instructional practices with the intention to reduce unnecessary referrals to special education (Fox, Carta, Strain, Dunlap, & Hemmeter, 2009). RTI is data driven and the success of implementation may be greatly impacted by teachers' perceptions of the effectiveness of the program and their ability to implement it. Successful implementation of RTI requires the adoption of three essential components: (a) multiple tiers of interventions, (b) a problem-solving method, and (c) a data collection system to inform educational decision-making (Batsche et al., 2006). As a result, many school systems around the country, including school districts in Mississippi, began using RTI to meet the needs of every child and improve student performance (Mississippi Department of Education, 2010).

Teachers have played an active role in educational reform (Shirley & Hargreaves, 2006). When educational reform or changes occur, such as Response to Intervention, an important area to address is teachers' perceptions of the reform and how it will affect teachers' ability to implement RTI effectively (Shirley & Hargreaves, 2006). According

to Greenfield, Rinaldi, Proctor, and Cardarelli (2010), teachers' perceptions are vital in understanding and planning for a school-wide reform effort. Essentially, teachers' perceptions of the effectiveness of RTI within their schools and districts are a very important area to study and understand as the implementation of RTI continues within the educational field.

Problem Statement

As a result of recent legislation (e.g., NCLB, IDEA), many states have begun the process of implementing RTI and restructuring the special education referral process. The state of Mississippi implemented the use of the RTI Three-Tier model with an emphasis on the Teacher Support Team (TST) in an effort to determine appropriate interventions in January 2005 (Mississippi Department of Education, 2010). The purpose of TST is to provide teachers with resources and interventions to implement RTI (Mississippi Department of Education, 2010). Mississippi's Three-Tier Instructional Model is a systematic approach used to identify struggling students. The goal of the model is to reduce the number of inappropriate referrals to the Special Education Programs (SPED), identify struggling students, and meet the needs of diverse learners, regardless of educational stumbling blocks (Mississippi Department of Education, 2010). Once identified, the model provides support and instructional interventions for struggling students.

Prior to RTI, elementary teachers were faced with daily challenges to find methods to teach at-risk or struggling learners (Reed, 2008). Mississippi's Three-Tier Model was implemented to help meet the needs of every student and provide necessary support to teachers (Coleman-Potter et al., 2005). Although the Three-Tier Instructional

Model uses TST to offer support, teachers have the primary responsibility to ensure that the model is implemented correctly. Teachers conduct intense interventions to the struggling student over a period of time and report back to the TST to discuss updates. If a student continues to struggle after each tier, the student could be referred for special education testing and could be ruled eligible to receive special education services (Coleman-Potter et al., 2005).

According to the National Association of State Directors of Special Education (2005), barriers currently exist for the successful implementation of RTI throughout education systems nationally. The fidelity with which a RTI model is implemented relies heavily on consistent behavior among educators (Gerber, 2005). RTI requires re-defining teachers' roles and increasing responsibilities regarding instructional interventions of at risk students. Implementing RTI requires teachers to change their mental models or thought process and assumptions about teaching practices for students at-risk of failing (Brown-Chidsey & Steege, 2005). Teachers assume full responsibility for conducting interventions and documenting student responsiveness to the interventions. Identifying teachers' mental models both cognitively and emotionally is central to understanding variations of teacher effectiveness (Day, Kington, Stobart, & Sammons, 2006). In order for RTI to be successfully implemented, it is important to understand how teachers' perceptions influence instructional practices.

Purpose Statement

The purpose of this study was to examine elementary teachers' perceptions of the effectiveness of Response to Intervention (RTI) and Teacher Support Team (TST) within a school district located on the Mississippi Gulf Coast. The mission was to examine

teachers' familiarity with RTI and TST, level of training and adequacy, perceptions of RTI and TST effectiveness, perceptions related to special education, and influencing factors on decisions to refer students to TST. This study also examined teachers' perceptions of RTI and TST based on a full-time and part-time facilitator, area of certification, level of education, and years of experience.

Research Questions and Hypotheses

This study addressed elementary teachers' perceptions regarding the effectiveness of the RTI Three-Tier Instructional Model and Teacher Support Team in a Mississippi Gulf Coast school district to determine if it is perceived as an effective tool for the classroom teachers who use it. The guiding questions for this study were:

Research Question # 1: How do teachers perceive their familiarity with RTI and TST?

Research Question # 2: What perceptions do teachers have of the effectiveness of RTI and TST?

Research Question # 3: What perceptions do teachers have of RTI and TST as they relate to eligibility for special education?

Research Question # 4: How adequate do teachers perceive their level of training to be, and do they feel qualified to implement RTI and TST?

Research Question #5: Is there a difference in the perceptions of teachers regarding RTI and TST based on whether there is a full-time or part-time RTI facilitator, area of certification, level of education, years of experience?

The null hypotheses used to test Research Question #5 are:

NH1: There was no difference in the teachers' perceptions regarding Response to Intervention and Teacher Support Team in a school with a full time facilitator than in a school with a part time RTI/TST facilitator.

NH2: There was no difference in the teachers' perceptions regarding Response to Intervention and Teacher Support Team based on the teacher's area of certification (i.e., general or special education).

NH3: There was no difference in the teachers' perceptions regarding Response to Intervention and Teacher Support Team based on the teacher's level of education (i.e., B.S., M.Ed., Ed.S., or Ed.D.).

NH4: There was no difference in the teachers' perceptions regarding Response to Intervention and Teacher Support Team on the teacher's years of experience.

Significance of Study

School leaders are an essential component with implementation and should understand and evaluate the impact of RTI at their schools. There should be training as well as positive and ongoing support for teachers. Teachers who feel they are not adequately trained or properly supported by school leaders may not implement the necessary interventions needed for student success. Implementing RTI requires sustained professional development, explicit expectations for program implementation, teacher buy-in, and substantial time to integrate these procedures into instructional practice (Fuchs & Deshler, 2007). Administrators should understand the possible differences in teachers' perceptions and the impact of those perceptions. It might be important to understand the factors that contribute to teachers' perceptions in order to better motivate teachers with the implementation of RTI. This study seeks to provide evidence that will

help administrators make more informed decisions about future implementation of RTI and prevent obstacles before they occur. There have been other studies conducted to investigate teachers' perceptions of RTI and TST in other locations; however, there is a need for this research in school districts located on the Mississippi Gulf Coast. As school districts on the Gulf Coast of Mississippi continue to implement the RTI model, there is a clear need to examine whether teachers' perceptions affect the success of the model.

Assumptions

This study was premised on several assumptions. One assumption was that all participants have been trained in the RTI and TST process. Another assumption was that participants would complete the survey instrument honestly and completely.

Delimitations

This study was delimited to school site selections, teacher selections, and the choice to examine teachers' perceptions. This study was conducted in one Mississippi Gulf Coast school district. Participants were delimited to certified general education and special education teachers in the elementary schools. This study was delimited to self-reported data and teachers' perceptions of RTI and TST based on classroom experience, highest level of academic training, and certification.

Definition of Terms

1. *General Education Teacher*: For the purpose of this study, a regular education or general education teacher is defined as one who teaches reading, language arts, mathematics, science, and/or social studies to elementary students in kindergarten through fifth grade.

2. *Individuals with Disabilities Education Act (IDEA)*: the federal law that requires schools to conduct activities to locate, identify, and diagnose students with specific learning disabilities (SLDs) and other types of disabilities, ages 3-21, and to provide a complete educational evaluation to determine their eligibility for special education services (U.S. Department of Education, 2002).

3. *Mississippi's Model for Response to Intervention*: A comprehensive, problem-solving and multi-tiered strategy used in public schools in Mississippi to enable early identification and intervention for all students who may be at risk academically or behaviorally (Mississippi Department of Education, 2010).

4. *Problem-solving model*: a systematic and circular approach that examines student strengths and weaknesses, prescribes interventions, and evaluates the effectiveness of interventions being implemented (Fuchs & Fuchs, 2006).

5. *Response to Intervention (RTI)*: the process of gathering and examining data for the use in developing, analyzing, and implementing research or evidence-based interventions used with students in the context of intervening and possibly evaluating a student who may be at risk academically or behaviorally (Mississippi Department of Education, 2010).

6. *Self-efficacy*: The extent to which individuals believe they can organize and execute actions necessary to bring about a desired outcome (Bandura, 1977).

7. *Special Education Teacher*: For the purpose of this study, a special education teacher is defined as one who teaches students with intensive academic needs that cannot be met by the general education program.

8. *Teacher efficacy*: Teacher efficacy is based on the teacher's belief in his or her ability to have a positive and motivational effect on the students' academic achievement despite the students' level of motivation (Tschannen-Morgan & Woolfolk-Hoy, 2001).

9. *Teacher perception*: For the purpose of this study, teachers' beliefs and perceptions of the problem-solving model and RTI process in their particular school building in relationship to their professional development, years of service, role in the problem-solving and RTI process, and ability to implement the model effectively (Lee-Tarver, 2006).

10. *Teacher Support Team (TST)*: a group of administrators, interventionists, special education teachers, and counselors who provide intervention support to general education teachers so that students become successful in the general education setting (Mississippi Department of Education, 2010).

Summary

RTI has been given much attention as the result of federal policy changes (e.g., IDEA and NCLB). The implementation of RTI has profound implications for the roles of general education teachers. Failure to ask questions about the factors that contribute to the implementation of RTI may prevent practitioners from fully understanding what it actually encompasses (Fuchs & Deshler, 2007). Teachers' perceptions and factors that contribute to those perceptions of RTI and TST can help guide school leaders in decisions about future implementation.

Organization of the Study

This study will be reported into five chapters. Chapter I introduces the research study, including the purpose, research questions, significance of the study, delimitations

of the study, and definitions of terms. Chapter II provides a theoretical basis for the study and a review of relevant literature. Chapter III outlines methodology, including the research design, participants, instruments, and procedures for data collection and analysis. Chapter IV includes the results of the study, and Chapter V presents conclusions, discussion, recommendations, and implications for practice and further research.

CHAPTER II

REVIEW OF THE LITERATURE

The purpose of this literature review is to provide a theoretical background and a relevant overview of research pertaining to the Response to Intervention (RTI) process. The historical background of Special Education (SPED) will be presented. Several elements of special education such as defining a learning disability, the identification process, Individuals with Disabilities Improvement Education Act (IDEA), and No Child Left Behind (NCLB) were provided. A description of the RTI process, the history of RTI, implementation of the model, the problem-solving approach, and problem-solving teams are presented as well. This review continues with RTI as it relates to SPED and an overview of Mississippi's model for RTI. This review also includes an examination of the changing roles of educators and teachers' perceptions of the effectiveness of RTI. The culmination of these factors laid the groundwork for this study to examine elementary teachers' perceptions of the effectiveness of Response to Intervention (RTI) and the Teacher Support Team (TST).

Introduction

Since the publication of *A Nation at Risk* in 1983, a high demand for educational reform has been ongoing across the United States. Significant changes within general and special education policies have occurred, resulting in the implementation Response to Intervention, the No Child Left Behind Act (2001), and the Individuals with Disabilities Education Improvement Act (2004). Recent efforts at educational reform have focused on the accountability and the implementation of evidence-based instructional approaches. The overarching goal of these approaches is to positively impact student achievement.

Issues of identification, eligibility, and implementation of special education services have been growing concerns that have brought on such reform (Ysseldyke & Marston, 1999). According to the National Research Council, there has been a significant rise in the number of students served in special education (NRC, 2002). Moreover, a disproportionate representation of students from historically marginalized groups has been over identified for special education (SPED) (Brown-Chidsey, 2007). RTI is a process that emphasizes how well students respond to changes in instruction (Klotz & Canter, 2007). RTI is a multi-tier system of support that provides early interventions to students who are at-risk for academic and behavioral failure; as well as a way to identify students with learning disabilities (Fuchs et al., 2007). With the many issues in education, it seems that RTI has rapidly become the leading model for school improvement in the United States. It is supported by federal legislation (Brown-Chidsey, 2007; Hilton, 2007)

Theoretical Framework

The theoretical basis for this study was grounded in Bandura's Social Cognitive Theory. This theory is rooted in a view of human agency in which individuals are agents proactively engaged in their own development and who can make things happen by their own actions (Pajares, 2002). The key to this sense of agency is the fact that, among other personal factors, individuals possess self-beliefs that enable them to exercise a measure of control over their thoughts, feelings, and actions (Bandura, 1986). From Bandura's theoretical perspective, human functioning is viewed as the product of a dynamic interplay of personal, behavioral, and environmental influences (Pajares, 2002). In other

words, the way people view outcomes of their behavior has the potential to alter personal factors, the environment, and future behavior.

Social Cognitive Theory provided a theoretical foundation for analyzing teacher motivation and implementation of RTI (Benjamin, 2011). This theory acknowledged the personal, environmental, and behavioral factors that may influence one another (Bandura 1977; 1986, 1989, 2001). Based on the personal, environmental, and behavioral factors, social cognitive theory provides a foundation for how teachers may respond to RTI and TST. Teachers are responsible for imparting knowledge to students who vary in learning styles, behavior, and motivation during the RTI and TST process. Furthermore, in the process of teaching, teachers formulate beliefs about their capacity to produce desired student outcomes (Goodwin, 2010; Tolbert, 2012). Teachers' beliefs about learning affect their personal growth and the learning of their students (Tolbert, 2012). Therefore, teachers' responses to RTI influence their instructional practices and the fidelity of RTI implementation within the classroom (Benjamin, 2011; O'Donnell, 2008). Teachers' content knowledge and pedagogy are not the only factors when it comes to an effective teacher (Goodwin, 2010). Teachers must also believe in their own abilities and their ability to reach students. All are critical for successful RTI implementation.

Self- Efficacy and Teacher Efficacy

Social Cognitive Theory provided the theoretical foundation for self-efficacy (Bandura, 1977). Bandura (1977) defined self-efficacy as the belief in one's capabilities to organize and execute the actions necessary to bring about a desired outcome. Efficacy beliefs play a pivotal role in the self- regulation of motivation through goal challenges and outcome expectations (Bandura, 2001). According to Bandura's (1977) theory,

efficacy expectations are “a major determinant of people’s choice of activities, how much effort they will expend, and how long they will sustain effort in dealing with stressful situations.” (p. 194). His efficacy expectations are based on four major sources: performance accomplishments, vicarious experience, verbal persuasion, and physiological and emotional states (Bandura, 1977). Performance accomplishments are based on personal mastery, with success raising mastery expectations and failure lowering them (Bandura, 1977). People do not rely on experienced mastery as the main source of self-efficacy; they also rely on vicarious experiences (Bandura, 1977). Next, verbal persuasion is information provided by others regarding one’s capabilities, which could enhance or hinder self-efficacy beliefs (Bandura, 1977). Finally, psychological and emotional states influence self-efficacy in positive or negative ways (Bandura, 1977). In essence, teachers understand and implement RTI based on experience, knowledge, beliefs, will, motivation, and self-efficacy (Bandura, 1977; Benjamin, 2011). According to Benjamin (2011), educational policies, procedures, professional development, social networks, and the school environment represent external factors that interact with individual personal characteristics that shape teachers’ perceptions of RTI. High self-efficacy appears to be critical in the successful implementation of RTI.

Although Bandura was the pioneer for the concept of self-efficacy, Ashton (1984) expanded the concept of efficacy to teacher efficacy. According to Ashton (1984), teachers’ beliefs about their ability to bring about positive outcomes in their classrooms and their confidence in teaching in general, play a central role in their ability to effectively teach students. Tschannen-Moran and Woodfolk-Hoy (2001) defined teacher efficacy as teachers’ perceptions of their capabilities to bring about desired outcomes of

student engagement and learning. Teacher efficacy is important to the success of RTI implementation (Nunn & Jantz, 2009).

Teacher Efficacy Studies

Empirical studies have recognized teacher efficacy as a major predictor of a teacher's competence and commitment to teaching. Studies on the impact of teacher efficacy conducted by Ross (1998), Goddard, Hoy, & Woolfolk-Hoy (2000), Labone (2004), and Wheatley (2005) reveal consistent findings. Such studies indicated that teachers who report a higher sense of efficacy, both individually and as a school collectively, tend to be more likely to enter the field, report higher overall job satisfaction, display greater effort and motivation, take on extra roles in their schools, and are more resilient across the span of their career. Woolfolk-Hoy and Davis (2005) argue that teachers who feel efficacious about their instruction, management, and relationships with students may have more cognitive and emotional resources available to press students towards completing tasks that are more complex and developing deeper understandings.

Nunn and Jantz (2009) examined the impact of RTI implementation variables associated with teacher efficacy beliefs. The focus of their study aligns with Bandura's (1997) efficacy research which offers that teacher efficacy is the belief that there is a link between what a teacher does and what positive outcomes accrue as a function of those actions. As it relates to RTI, teachers' beliefs about their capabilities and influence upon positive learning outcomes is related to the precepts of training using the RTI model. Nunn and Jantz also stated that teacher efficacy is affected by the efficiency with which teachers are capable of creating successful academic and behavioral experiences for their

students. Therefore, students whose teachers possess a high level of efficacy show a higher level of academic achievement.

In summary, self-efficacy is a construct developed within the context of social cognitive theory that focuses on the personal, environmental, and behavioral factors that influence teachers' beliefs and practices. Teachers with higher levels of efficacy may be more likely to learn and use innovative strategies for teaching, implement new techniques, and persist in the face of changes or reform. Teacher efficacy is very influential for the success or failure of RTI.

Historical Background of Special Education

Definition of Learning Disability

Definitions of learning disabilities have varied over the years. In the past few years, increasing concern has been expressed by educators in the United States about common definitions and procedures for identifying students with learning disabilities. The term learning disability appeared in the literature around the 1960s. In 1962, Samuel Kirk was credited as the originator of the term learning disabilities (Kavale & Forness, 2000). Kirk (1962) defined learning disabilities as follows:

A learning disability refers to retardation, disorder, or delayed development in one or more of the processes of speech, language, reading, writing, arithmetic, or other school subject resulting from a psychological handicap caused by a possible cerebral dysfunction and/or emotional or behavioral disturbances. (p. 263)

The definition was further expanded Bateman who added the concept of discrepancy. In 1965, Barbara Bateman offered this definition:

Children who have learning disorders are those who manifest an educationally significant discrepancy between their estimated potential and actual level of performance related to basic disorders in the learning process, which may or may not be accompanied by demonstrable central nervous system dysfunction, and which are not secondary to generalized mental retardation, educational or cultural deprivation, severe emotional disturbance, or sensory loss. (p. 220)

Bateman's definition emphasized underachievement as a fundamental component of learning disability (Kavale & Forness, 2000). During the latter part of the 1960s, there became greater awareness about learning disabilities, both from the public and Congress. According to Kavale & Forness (2000), by the end of 1968, specific learning disability became a federally designated category of special education and the updated definition is as follows:

Children with special (specific) learning disabilities exhibit a disorder in one or more of the basic psychological processes involved in understanding or in using spoken and written language. These may be manifested in disorders of listening, thinking, talking, reading, writing, spelling, or arithmetic. They include conditions, which have been referred to as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, developmental aphasia, etc. They do not include learning problems that are due primarily to visual, hearing, or motor handicaps, to mental retardation, emotional disturbance, or to environmental disadvantage. (p. 34)

In 1975, Congress enacted the Education for All Handicapped Children's Act in Public Law 94-142. Federal support for special education services in the U.S. became a reality

with the passage of the act. Here, the definition of a learning disability was formalized for children in special education. Under P.L. 94-142, a specific learning disability was defined as follows:

A disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations. [P. L. 94-142, 121a 5b (9)]

With this law, learning disabilities achieved status as a category eligible for funding for direct services.

Individuals with Disabilities Education Act 1975 and 1997

The Individuals with Disabilities Education Act (IDEA) is the federal law that supports special education and related service programming for children and youth with disabilities. It was originally known as the Education of Handicapped Children Act, passed in 1975. In 1990, amendments were passed to effectively change the name to IDEA (IDEA, 1997). IDEA was hailed as one of the most influential federal laws affecting the delivery of education services to students with disabilities (Wedl, 2005). There were several mandates contained in this historic legislation, including requirements for a free and appropriate public education for students with disabilities and an education in the least restrictive environment.

Identification Process

IDEA stated that a student must have a suspected disability that adversely affects achievement in school, which warrants special education services (Garda, 2006). Determining eligibility under the federal law means that school-based or other evaluators

must identify one of 13 disability categories that affect a student's educational performance (Garda, 2006; Zirkel, 2009). IDEA identifies thirteen categories of disability:

- autism
- deaf-blindness
- deafness
- emotional disturbance
- hearing impairment
- intellectual disability
- multiple disabilities
- orthopedic impairment
- other health impairment
- specific learning disability
- speech or language impairment
- traumatic brain injury
- visual impairment (including blindness)

The intended purpose for this act was to strengthen academic expectations and accountability for children with disabilities and bridge the gap between what children with disabilities learn and what is required in the regular curriculum. Prasse (2002) observed that IDEA 97 contained several provisions that reinforced the coordination of general and special education. Although new concepts were added to IDEA 97, the traditional definition of a learning disability from 1968 remained. The broad definition of a learning disability and lack of clarity of what constituted a learning disability became a

catch all label resulting in the misidentification of students (Wedl, 2005). Which in fact, has led to a significant increase in students being identified as learning disabled (Gresham, 2001).

Individuals with Disabilities Education Improvement Act 2004

IDEA was re-authorized as the Individuals with Disabilities Education Improvement Act (IDEIA) of 2004 (IDEIA, 2004). Before the reauthorization of this act, a severe discrepancy between a student's intellectual ability and achievement score was required to determine the presence of a learning disability (Wedl, 2005). That required a grade-level difference of 1.5 to 2 years between expected student achievement and actual student performance to identify students as learning disabled (Gresham, 2001). IDEIA acknowledged the difficulties with the traditional IQ-achievement discrepancy model. The RTI model has evolved an alternative to the IQ-achievement discrepancy model for identifying students with learning disabilities, and states have a choice about using the IQ-Achievement Discrepancy Model and can employ a problem solving approach instead (Cortiella, 2009). IDEIA included the option to use a Response to Intervention approach when identifying learning disabilities (Brown-Chidsey & Steege, 2005).

No Child Left Behind

The No Child Left Behind Act of 2001 (NCLB) is a United States federal law that was originally proposed by President George W. Bush. This legislation has funded a number of federal programs aiming at improving the performance of students by increasing the standards of accountability for states, school districts, and schools, as well as providing parents more flexibility in choosing which schools their children will attend (U.S. Department of Education, 2002). Additionally, NCLB promotes an increased focus

on reading. This requires schools to use scientific data to determine the selection of core curriculum, utilize valid screening measures, and progress monitoring to identify students in need of more intensive instruction (Fuchs & Fuchs, 2006). According to Munday (2005), under this act all public schools and school districts in the United States are held accountable for individual as well as individual student subgroups such as economically or culturally disadvantaged.

The No Child Left Behind Act of 2001 and the Individuals with Disabilities Education Improvement Act of 2004 emphasizes the importance of providing high quality, scientifically based classroom instruction and interventions by highly qualified teachers (Klotz & Canter, 2007). Moreover, both acts hold schools accountable for the academic success of all students in regards to meeting their grade level standards (Klotz & Canter, 2007). Many school districts across the United States have adopted a framework for response to intervention in order to implement the policies set forth by NCLB and IDEIA, as well as increase student achievement for both general and special education students (Klotz & Canter, 2007).

Response to Intervention (RTI)

Definition of RTI

Response to Intervention (RTI) is a process that schools can use to help students who are struggling academically. RTI has rapidly become the leading model for school improvement in the United States since NCLB and the reauthorization of IDEA 2004 (Batsche et al., 2006).

RTI is the practice of providing high-quality instruction and interventions matched to student need, monitoring progress frequently to make decisions about changes

in instruction or goals, and applying child response data to important educational decisions (National Association of State Directors of Special Education & Council of Administrators of Special Education, 2006). RTI is built upon a broad research base resulting in multiple models with common features of (a) multiple tiers of intervention service delivery, (b) problem solving method and (c) data collection/assessment to inform decisions at each tier of service delivery (National Association of State Directors of Special Education, 2005).

RTI operates under the premise that all children can learn (NASDSE & CASE, 2006). It is a multi-step approach to providing interventions to students within the general education and special education settings. A key element of the RTI approach is the provision of early intervention when students first experience academic difficulties, with the goal of improving the achievement of all students including those who may have a learning disability (National Joint Committee on Learning Disabilities, 2005). The National Research Center on Learning Disabilities and the 14 organizations forming the 2004 Learning Disabilities (LD) Roundtable coalition have outlined the essential elements of RTI as:

- High quality, research-based instruction and behavioral support in general education.
- Universal (school-wide or district-wide) screening of academics and behavior in order to determine which students need closer monitoring or additional interventions.
- Multiple tiers of increasingly intense scientific, research-based interventions that are matched to student need.

- Use of a collaborative approach by school staff for development, implementation, and monitoring of the intervention process.
- Continuous monitoring of student progress during the interventions, using objective information to determine if students are meeting goals.
- Follow-up measures providing information that the intervention was implemented as intended and with appropriate consistency.
- Documentation of parent involvement throughout the process.
- Documentation that any special education evaluation timelines specified in IDEA 2004 and in state regulations is followed unless both the parents and the school team agree to an extension. (Klotz & Canter, 2007, p. 1)

History of RTI

Aspects of RTI have been present in other early models. Data-driven decision-making and problem-solving processes applied within educational settings are at the core of RTI (NASDSE, 2005). Two models in particular have influenced some elements of RTI. The Deno's Data-based Program Modification Model (Deno, 1985; Deno & Mirkin, 1977) and Bergan's Behavioral Consultation Model (Bergan, 1977; Bergan & Kratochwill, 1990) are principal sources of current RTI practices. Deno's (1985) model combines problem-solving steps, assessment procedures, and evaluative decisions to determine if students are making progress. This model also encourages educators to use data to improve their interventions with students who are struggling (Deno, 2003). RTI use student data from a variety of sources such as benchmark assessments or classroom-based measurements assessments to determine a student's learning rate as well (NASDSE, 2005).

Bergan developed systematic methods to intervene by using behavior or academic skills delivered through a specific problem solving process. Bergan's Behavioral Consultation Model utilizes problem solving conducted on a case-by-case basis. Bergan used progress monitoring to see if changes in the intervention were necessary. Decisions about the intervention were based on data (Bergan & Kratochwill, 1990). RTI uses a case-by-case approach, which applies problem-solving and progress monitoring techniques (NASDSE, 2005) which is evident in Bergan's model. Many elements of RTI have originated from the Deno and Bergan models (Batsche et al., 2006).

RTI Models

RTI is commonly implemented through two primary methods: the problem-solving model and the standard treatment protocol model (Fuchs & Fuchs, 2006). The problem-solving model uses interventions selected by a team that target each student's individual needs (NJCLD, 2005). The importance of using the problem-solving model is significant for supporting at-risk students within general education (Schwanz & Babour, 2004). The distinguishing features of the problem-solving model are that the intervention occurs within the classroom and is individualized to the student (Strangeman, Hitchcock, Hall, Meo, & Coyne, 2006). There are four steps in the problem-solving method:

1. Defines the problem
2. Analyzes the problem
3. Develop and Implement a Plan
4. Evaluate the Plan (Fuchs & Fuchs, 2006; Schwanz & Babour, 2004)

The standard treatment protocol model is one consistent intervention selected by the school that can address multiple students' needs (NJCLD, 2005). These interventions

are typically research-based supplemental programs (Fuchs, Mock, Morgan, & Young, 2003). Teachers generally administer the intervention to a small group of students with similar needs (Fuchs et al., 2003). Both approaches use universal screening, tiers of intervention, and progress monitoring for all students (Fuchs & Fuchs, 2006).

The RTI Model Process

RTI focuses on improved outcomes for general and special education. RTI contains an array of procedures that can be used to determine if and how students respond to specific changes in instruction. The three main components of RTI are interventions delivered on multiple tiers, the use of problem solving methods, and a system of collecting data and assessment that is integrated and used at each tier of service delivery (Batsche et al., 2006). National Association of State Directors of Special Education (NASDSE) and the Council of Administrators of Special Education (CASE) (2006) tiered model of intervention (Figure 1) is a graphic representation of the RTI model. Each level represents a grouping of students whose differing needs are met with varying instructional approaches. The triangular figure illustrates academic systems and behavioral systems for all students in a school. The largest area of the triangle depicts students who will become proficient in a curricular area through general education, which is called core instruction. The next area of the triangle depicts the percentage of students expected to need both core instruction plus supplemental support in order to become proficient. The small area at the top reflects the small number of students who will need intensive instruction. There is no universally accepted model or approach in RTI, and variations or modifications of the model are used from state to state (National Joint

Committee on Learning Disabilities, 2005). Generally, these are Three or Four-Tier Models. The most common trend appears to be 3 tier models (Vaughn, 2003).

The core curriculum in one school district may be different from that in another district; however, the percentages shown in Figure 1 are the parameters that educators should be striving for in order to allow the system to be as effective as possible (NASDSE & CASE, 2006). According to NASDSE and CASE (2006), typically 80-85% of students should experience success at Tier 1. Tier 2 should represent no more than 15% of students (NASDSE & CASE, 2006). Approximately 5-10% of all students will require a Tier 3 intervention (NASDSE & CASE, 2006).

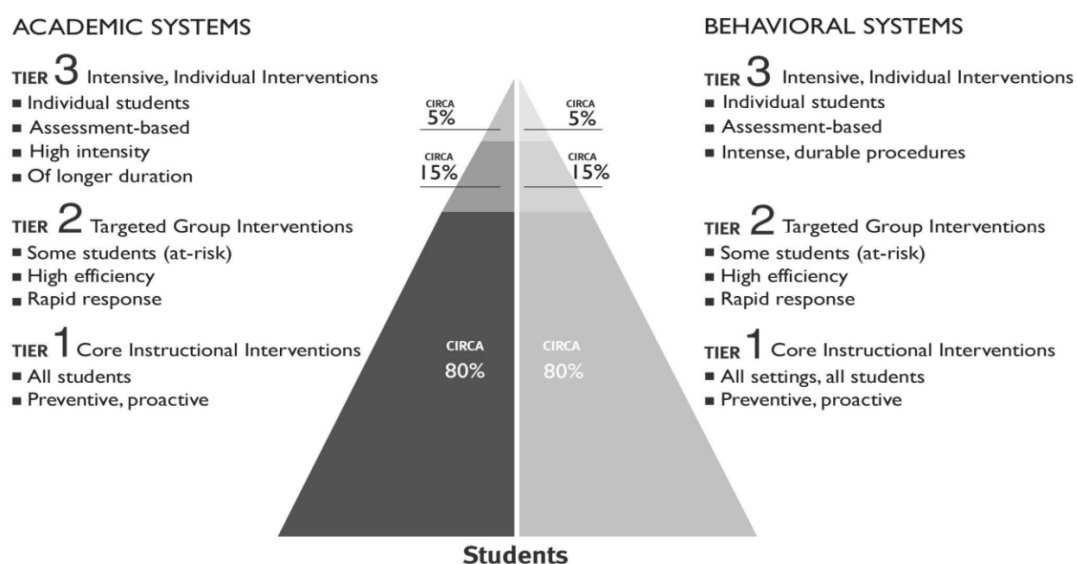


Figure 1. RTI Tiered Model. Source and permission obtained from National Association of State Directors of Special Education and the Council of Administrators of Special Education (2006).

Three-Tier Model

Tier 1 represents the majority of students served by the core curriculum, in addition to being preventive and proactive (Swigart, 2009). Tier 1 interventions focus on group interventions for all students whereby teachers implement a variety of research-

supported teaching strategies (NASDSE & CASE, 2006). At Tier 1, the focus is on research-based instruction in the general education classroom provided by skilled educators to ensure that students' learning difficulties are not the result of poor or inappropriate instruction (Fuchs & Fuchs, 2005). At this tier, teachers or interventionists conduct universal screenings of literacy skills, academics, and behavior and they are used to identify students that are at-risk of potentially failing. The screenings are also used to determine whether instruction is delivered properly. If the results of the screenings indicate that instruction is not delivered properly, strategies should be implemented to improve instruction in deficient areas (Vaughn & Fuchs, 2003). Ongoing, curriculum-based assessment and progress monitoring are used to guide high-quality instruction (National Joint Committee on Learning Disabilities, 2005).

Tier 2 students are those identified as not demonstrating adequate progress at Tier 1 (Brown-Chidsey & Steege, 2005). At this level, students continue to receive classroom instruction as well as additional evidence-based support in the general classroom setting. Interventions are evidence-based and delivered in small groups (NASDSE & CASE, 2006). General education teachers receive support as needed from other educators with skills in implementing interventions and in progress monitoring (NJCLD, 2005). Parents are notified and included in the decision making process (NJCLD, 2005). A student is progress monitored and data are collected to decide if the student should remain at Tier 2 or move to Tier 3. If data show that the student is not improving under the Tier 2 interventions, the interventions are modified and the cycle repeats itself with progress monitoring and a decision to move to Tier 3 (Brown-Chidsey & Steege, 2005). If modifications do not produce satisfactory results, the student will be moved to Tier 3.

Tier 3 is the most intense tier. Students are given individualized, intensive interventions that target their skill deficits as well as regular classroom instruction. During this phase, interventions are implemented for a longer period of time (NASDSE & CASE, 2006). Progress monitoring continues, and students who do not perform well may be referred for a special education evaluation (NASDSE & CASE, 2006). A comprehensive evaluation is then conducted by a multidisciplinary team to determine eligibility for special education and related services (NJCLD, 2005).

RTI and Special Education

Historically, the IQ-Achievement Discrepancy Model was the predominant method for identifying learning disabilities since the establishment of special education regulations in 1977 (Kovaleski & Prasse, 2004). However, the IQ-Achievement Discrepancy Model has been challenged throughout the years on a number of issues including the misidentification of students for special education, requiring students to fail before receiving special education services and not offering sound solutions for students' academic difficulties (Brown-Chidsey, 2007; Kovaleski & Prasse, 2004).

RTI appears to be a promising alternative to the traditional IQ-achievement discrepancy model for identifying students with learning disabilities while improving classroom instruction (Brown-Chidsey, 2007). The regulations in IDEIA 2004 require educators to identify students with specific learning disabilities; however, schools may opt to use RTI procedures (Klotz & Canter, 2007; Ofiesh, 2006). The regulations allow states to choose not to use the severe learning discrepancy (SLD) between ability and achievement in a determination of eligibility under the SLD category (Ofiesh, 2006). In

addition, the regulations also allow districts to use response to scientific, research-based intervention as a part of the determination process (Ofiesh, 2006).

Although RTI has its roots in special education, it is an integrated general education approach that includes special education (NJCLD, 2005). It is primarily an initiative to be used with all students and in the general education classroom (Howell, Patton, & Deoitte, 2008). As a result of IDEIA 2004, RTI has gained credibility in the special education community as a means to identify students with learning disabilities (NJCLD, 2005).

While RTI has been identified as a possible alternative to previous SPED eligibility models, it is no panacea, and controversy exists regarding potential errors and exclusions of data (NJCLD, 2005). One concern is whether RTI is prone to systematic errors in identifying students with a learning disability. Specifically, the underachievement criterion may exclude some high-ability students with a learning disability from receiving necessary special education services (NJCLD, 2005). In addition, there are students who are underachievers and do not respond to interventions and may be inappropriately identified as having a learning disability (NJCLD, 2005). RTI alone may not be sufficient to identify a learning disability; however, RTI data can serve as an important part of a comprehensive evaluation for the identification of a learning disability and the determination of eligibility for special education (NJCLD, 2005).

Changing Roles for Professionals in Education

No Child Left Behind Act and the Individuals with Disabilities Education Improvement Act require schools to provide high quality instruction to all students

through the use of evidence-based practices provided by highly qualified teachers. In addition, both acts placed further emphasis on using approaches to integrate general and special education into a unified system (NJCLD, 2005). As result of these policy changes, RTI has emerged as the prominent model for improving student and school level achievement (Hernandez, 2012). Furthermore, successful implementation of RTI requires collaboration among all educators not just those involved in the process of determining special education eligibility (Fuchs et al., 2003).

The expanded use of RTI may be leading to a shift in the roles of educators. According to the National Joint Committee on Learning Disabilities, any RTI model being proposed, explored, or used requires new roles or changes in the roles of instructional, related services, and administrative personnel (NJCLD, 2005). Richards, Pavri, Golez, Canges, and Murphy (2007), suggested that effective implementation of the RTI model demands a shift in how schools do business. The model proposes a paradigm shift in the way schools serve students who demonstrate learning difficulties and requires greater collaboration among educators (Richards et al., 2007). Richards et al. (2007) also asserted:

RTI requires the collaborative preparation and flexible role definitions of school personnel. To successfully implement such a model will require supportive school teams comprised of special educators, school psychologists, speech therapists, reading specialists, administrators, and others who will need to work together to assist the general education teacher in identifying at-risk learners, and developing and implementing appropriate interventions and progress monitoring.

(p. 60)

Indeed, research suggests that RTI requires changes in the interaction among administrators, general and special education teachers, and other professional staff. These implementers of the RTI process must make significant changes in their roles and responsibilities and operate as a unified system of education (NASDSE & CASE, 2006). According to NJCLD (2005), general education teachers will need to compile relevant assessment data through continuous progress monitoring and respond appropriately to the findings. Special Education teachers and other support professionals need to help design, interpret, and assess data as well as suggest instructional approaches (NJCLD, 2005). Administrators will provide support and professional development opportunities as well as determine the needed roles for effective implementation of the RTI model (NJCLD, 2005). A shared value system, school-wide commitment, and administrative support are needed in order for RTI to be firmly established and successful (Richards et al., 2007).

Mississippi's Model for RTI

School districts across the nation are encouraged to implement RTI within a broader school reform effort to improve the learning and achievement of all students, while meeting the requirements of NCLB 2001 and IDEIA 2004. Mississippi has followed the common trend of RTI and adopted a Three-Tier Model. The Mississippi Department of Education initiated its State Board of Education's Policy for Response to Intervention in January 2005 (Policy 4300). The Three-Tier Instructional Model was selected to meet the instructional needs of every student as a prevention model aimed at early identification of students who are struggling. Furthermore, the model provides the supports students need (Coleman-Potter et al., 2005).

Mississippi's Three-Tier Instructional Model consists of three levels of instruction. Tier 1 consists of quality classroom instruction based on the Mississippi Curriculum Frameworks. Tier 2 is composed of focused supplemental instruction for students who are not being successful in Tier 1. Tier 3 is a system of intensive interventions specifically designed to meet the individual needs of students who have not been successful in Tiers 1 and 2 (Mississippi Department of Education, 2010).

Tier 1 of the instructional model has several essential elements for school districts to implement. The elements include universal screening of several components of reading and math and behavior, instructional delivery supported by scientifically based research, differentiated instruction, and system of instructional support (Coleman-Potter et al., 2005; Mississippi Department of Education, 2010). Universal screening is one of the critical components of Tier 1 (Coleman-Potter et al., 2005; Mississippi Department of Education, 2010). Students who are successful at Tier 1 are making expected progress in the general education curriculum (Coleman-Potter et al., 2005; Mississippi Department of Education, 2010).

Tier 2 of the instructional model is designed for students who are not progressing or responding to Tier 1 as expected. Instruction in the general classroom setting may not be sufficient for these students and additional intervention and instruction may be necessary (Mississippi Department of Education, 2010). Teachers should monitor students' progress to determine if each student gains essential skills (Coleman-Potter et al., 2005; Mississippi Department of Education, 2010). The essential elements for Tier 2 not only include progress monitoring, but targeted intervention and instruction through research-based resources, documentation of intervention implementation and progress in

target area, and appropriate decision making (Coleman-Potter et al., 2005; Mississippi Department of Education, 2010).

Tier 3 of the instructional model is the most intensive. Tier 3 provides intense interventions for students who are having significant difficulties with established grade-level objectives in the general curriculum (Coleman-Potter et al., 2005; Mississippi Department of Education, 2010). The interventions are more in-depth than Tier 2 and are introduced when data suggest that the students have failed to make progress (Coleman-Potter et al., 2005; Mississippi Department of Education, 2010).

In addition to failure to make adequate progress following Tiers 1 and 2, students must be referred to the TST for interventions as specified in guidelines developed by the Mississippi Department of Education (2005) (State Board Policy 4300) if any of the following events occur:

- Grades 1-3: A student has failed one grade.
- Grades 4-12: A student has failed two grades.
- A student either failed of the preceding two grades and has been suspended or expelled for more than twenty days in the current school year. (p.6)

Teacher Assistance Teams

The Teacher Assistance Team (TAT) is one of the earliest pre-referral intervention models for SPED. The TAT model was developed by Chalfant, Pysh, and Moultrie (1979) in response to difficulties with the SPED referral process. There are many names for Teacher Assistance Teams, which vary from state to state such as student support teams, teacher support teams, and problem solving teams. Generally, TAT is made up of teachers, psychologists, social workers, specialists, parents, and

counselors (Graden, Casey, & Christenson, 1985; Reed, 2008). TAT was designed to support the regular education teacher who needed strategies and support for students who exhibited academic, emotional, or behavioral difficulties (Graden et al., 1985; Nelson, Smith, Taylor, Dodd, & Reavis, 1992). The goal of the TAT is to maximize the student's success in the regular education classroom thereby decreasing the likelihood that a student may be referred to special education unless a true disability exists (Graden et al., 1985; Lee-Tarver, 2006). Chalfant et al. (1979) described the TAT process in four steps:

1. Referral/information collection
2. Initial meeting
3. Intervention implementation
4. Follow up meeting

The TAT then decides if the intervention should continue, if alternate strategies should be employed, or if the student should be referred for additional services (Papalia-Berardi & Hall, 2007). However, this process has failed to close the achievement gap and reduce the number of SPED referrals, and the percentage of students receiving SPED services has grown tremendously (Fuchs & Fuchs, 2006). Research has revealed a lack of evidence for the improvement for students and shows that there has been an increased number of referrals resulting from the TAT model (Fuchs & Fuchs, 2006).

Problem-solving Teams

Teacher Assistance Teams (TAT) have evolved since RTI (Hernandez, 2012). These collaborative teams have emerged into problem-solving teams rather than the traditional pre-referral teams or teacher assistance teams (Schwanz & Barbour, 2004). A problem-solving team is a school-based group composed of various school personnel

such as teachers, counselors, school counselors, school psychologists, and administrators who meet to provide assistance to children who are having academic or behavioral difficulties in school (Schwanz & Barbour, 2004). In contrast to problem-solving teams, a Teacher Assistance Team (TAT) is a school-based group composed of various personnel working together to identify referral problems (Papalia-Berardi & Hall, 2007).

The implementation of the intervention is primarily the teacher's responsibility. In addition, effective problem solving relies heavily on the capacity of the general education teacher as interventionist (Bailey, 2010). Therefore, teachers' perceptions of the process can affect the effectiveness and acceptability of the process, reduce the number of students identified for SPED, and reduce the drop-out rate for high school students (Reed, 2008).

Mississippi's Teacher Support Team

Before RTI, Mississippi used Teacher Assistance Teams (TAT) as a pre-referral model. This team and its members were based on the TAT model previously discussed in this chapter. Mississippi's Three-Tier Instructional Model resulted in the establishment of Teacher Support Teams. TST in Mississippi is to serve as a problem-solving unit at the local building level (Coleman-Potter et al., 2005). When a student is referred, the TST follows a five-stage process, which includes request for assistance, consultation, problem identification, development and implementation of the intervention, and evaluation of the intervention (Coleman-Potter et al., 2005; Reed, 2008). Each school in Mississippi is required to have a TST implemented in accordance with the process developed by the Mississippi Department of Education. The chairperson of the TST is required to be the principal of the school or the principal's designee. Other members

include general education teachers, the referring teacher, counselor, the special education teacher, intervention specialist, and the parents (Coleman-Potter et al., 2005).

The TST process is as follows:

After a referral is made, the TST must develop and begin implementation of an intervention(s) within two weeks. No later than eight weeks after implementation of the intervention(s) the TST must conduct a documented review of the interventions to determine success of the intervention. No later than 16 weeks after implementation of the intervention(s), a second review must be conducted to determine whether the intervention is successful. If the intervention(s) is determined to be unsuccessful, then the student will be referred for a comprehensive assessment. (Coleman-Potter et al., 2005, p. 6)

The state of Mississippi mandated the Three-Tier Instructional Model to be implemented in every school district in an effective and consistent manner in 2005 (Mississippi Department of Education, 2005).

Teachers' Perceptions of RTI

Since the implementation of RTI, it appears that the model has redefined general and special education teachers' roles, increased responsibilities regarding instructional intervention for at-risk learners, and changed the process used to determine qualification for SLD. Teachers' roles have changed as well as their burden of responsibility (Barrera & Bryant, 2009). Teachers play active roles in reform efforts, some voluntary and others not, but their perspectives are seldom presented and sparingly considered when discussing the effectiveness of reform and school change (Darling-Hammond, 2009). General education teachers assume full responsibility for applying a variety of

intervention strategies and progress monitoring, which have added to their tremendous workload (Hernandez, 2012). According to Hargreaves (2005), teachers' perceptual reactions to reform are characterized by the following variables: personality, personal development, age, career stage, generational identity, and attachment. According to Reed (2008), teachers' perceptions regarding their role in the Three-Tier Intervention model can be portrayed in a positive or negative manner. It is possible these perceptions can affect the implementation of the Three-Tier Instructional Model. According to the National Association of State Directors of Special Education (2005), barriers currently exist for the successful implementation of Response to Interventions throughout education systems.

There have been a few studies about RTI and variations of TAT and the perceptions teachers have about them. Lee-Tarver's (2006) original study surveyed teachers' perceptions of the function and purpose of Student Support Teams. Her study outlined several findings based on survey data collected from elementary teachers. The study investigated teacher training, teacher participation, and teacher understanding of the relationship between SST functions and special education services. It also included data concerning administrative and parental support. The findings of Lee-Tarver's study suggested that most teachers received training on the purpose and function of student support teams, but training occurred after teachers were selected to serve on those teams. Findings also indicated that teachers were actively involved in the student support team process when they refer a student themselves. Additionally, findings indicated that the majority of teachers did not consider a referral to student support team as a direct pipeline to evaluation for special education services. Lastly, findings indicated that the vast

majority of teachers are appointed to the team and that teachers are not compensated for services. One implication of Lee-Tarver's (2006) research was the need for teacher training with regard to SST. The study also pointed out that student support teams, which are comprised of teachers are knowledgeable of the duties of the team.

Reed's (2008) study examined teachers' perceptions of the effectiveness of the Three-Tier Model across seven school districts in north Mississippi. The participants in this study included veteran teachers as well as novice teachers. The study revealed that overall Teacher Support Teams (TST) were effective, but the majority of the teachers reported that the paperwork required in the TST process was a problem. The study also revealed that burnout could occur when constantly using the same teachers to serve on the TST year after year. A small percentage of teachers felt they had not received adequate training. Fifty percent of the participants reported that parental involvement was needed in the TST process (Reed, 2008).

Swigart's (2009) study examined the perceptions teachers have of the RTI model, and teachers' perceptions of RTI as a benefit to students, teachers, and special education policy. Some of the factors that were analyzed were grade levels teachers taught, education level of teachers, RTI training teachers received, and teachers' knowledge of RTI. The results revealed that differences in perceptions existed among teachers based on education level, grade level taught, RTI training received, knowledge level, and presence in a school implementing RTI. Understanding the variables that may affect teachers' perceptions of the RTI is important for school officials that wish to implement RTI within their schools (Swigart, 2009).

Greenfield et al., (2010) conducted a study of teachers' perceptions of a RTI reform effort in an urban elementary school. The results of this study revealed that after the first year of RTI implementation, teachers positively viewed the reformed effort. Most teachers associated positive outcomes with using data to inform instructional planning and using progress monitoring to measure the effectiveness of instruction. However, teachers had concerns based on RTI data about the effectiveness of RTI implementation. They also felt professional development opportunities were instrumental for implementation. A major implication was that teachers' perceptions are vital in understanding and planning for a school-wide reform.

A study by Bailey (2010) surveyed teachers in the state of Georgia. The study investigated teacher perceptions of Student Support Team (SST) and RTI effectiveness. The following components were examined: teacher perceptions of their familiarity with SST and RTI, adequacy of training, qualifications to implement, the effectiveness of SST and RTI, eligibility requirements for special education, weaknesses of the frameworks, and reasons for non-referral. The results of the study indicated that just as teachers learned to utilize SST almost three decades ago to help avoid the over-identification of minority students as disabled, teachers learned to utilize RTI as well.

Martinez and Young (2011) examined how school personnel implement the RTI process and how they perceive the process. The study was conducted in schools in southeast Texas. This descriptive study explored the benefits of using RTI for early identification of students. It also found that the collaboration of school personnel was positive in implementing the RTI process. The overall results of this study indicated that the RTI process was perceived positively and that many teachers were implementing the

RTI process before it was mandated in their schools. The results also indicated that many teachers were frustrated with RTI mandates because they were already doing interventions on their own. Results indicate that the use of RTI in conjunction with standardized assessments is critical in determining eligibility for special education services.

Tolbert (2012) examined the effect of school levels (K-12) on teacher perceptions of SST and RTI effectiveness within a school system in northwest Georgia. That study focused on the elementary and secondary schools levels and examined whether there were any differences in teacher perceptions of familiarity with SST and RTI, adequacy of professional development, effectiveness of SST and RTI, and the perceived relationship between SST, RTI, and special education. The results indicated significant differences in teacher perceptions of SST and RTI implementation at each school level. Elementary school teachers showed the least favorable perceptions in all factors. Middle school and high school teachers felt they were more adequately trained, and the models were more effective than the elementary teachers were. Adequacy of professional development and effectiveness of the RTI model were major areas of significance. Understanding these differences in perceptions may allow educational leaders to create effective professional development opportunities (Tolbert, 2012).

Summary

Educational reform has remained a dominant theme across the United States. As policy changes were enacted related to special education, significant changes within general education policy also occurred. Perhaps the most notable of these changes was the passage of the No Child Left Behind Act (NCLB, 2001), which requires schools to

provide high-quality instruction to all students through the use of evidence-based practices provided by highly qualified teachers. When Congress passed the Individuals with Disabilities Education Improvement Act (IDEIA, 2004), further emphasis was placed on using systemic approaches that integrate general and special education into a unified system. At the present time, Response to Intervention (RTI) is a prominent alternative service delivery model. RTI is a multi-level instructional framework aimed at improving outcomes for all students.

RTI is data driven, and the success of implementation with students is greatly impacted by teachers' perceptions of the effectiveness of the program and their ability to implement it. The implementation of RTI has altered the way teaching and learning take place in the classroom. In summary, teachers are responsible for the implementation of RTI. There are many variables that may affect teachers' perceptions. However, their perceptions are critical in the implementation and success of the process. Teacher interpretations of RTI are dependent upon prior knowledge and experience as well as the social, cultural, and institutional environments in which they function (Day et al., 2006). It is necessary that teachers' perceptions of RTI are documented to provide evidence and data for successful future implementations of RTI in school districts (Nugent, 2012).

CHAPTER III

METHODOLOGY

Introduction

The purpose of this chapter was to describe the research design, methodology, data collection, and data analysis procedures used in this study. This chapter also included information regarding participants and instrumentation. The purpose of this study was to examine elementary teachers' perceptions of the effectiveness of Response to Intervention (RTI) and Teacher Support Team (TST) within a school district located on the Mississippi Gulf Coast. The mission was to examine teachers' familiarity with RTI and TST, level of training and adequacy, perceptions of RTI and TST effectiveness, perceptions related to special education, and influencing factors on decisions to refer students to TST. This study also examined teachers' perceptions of RTI and TST based on a full-time and part-time facilitator, area of certification, level of education, and years of experience.

Research Questions and Hypotheses

The questions that guided this study were:

Research Question # 1: How do teachers perceive their familiarity with RTI and TST?

Research Question # 2: What perceptions do teachers have of the effectiveness of RTI and TST?

Research Question # 3: What perceptions do teachers have of RTI and TST as they relate to eligibility for special education?

Research Question # 4: How adequate do teachers perceive their level of training to be, and do they feel qualified to implement RTI and TST?

Research Question #5: Is there a difference in the perceptions of teachers regarding RTI and TST based on whether there is a full-time or part-time RTI facilitator, area of certification, level of education, years of experience?

The null hypotheses used to test Research Question #5 were:

NH1: There was no difference in the teachers' perceptions regarding Response to Intervention and Teacher Support Team in a school with a full-time facilitator than in a school with a part-time RTI/TST facilitator.

NH2: There was no difference in the teachers' perceptions regarding Response to Intervention and Teacher Support Team based on the teacher's area of certification (i.e., general or special education).

NH3: There was no difference in the teachers' perceptions regarding Response to Intervention and Teacher Support Team based on the teacher's level of education (i.e., B.S., M.Ed., Ed.S, or Ed.D.).

NH4: There was no difference in the teachers' perceptions regarding Response to Intervention and Teacher Support Team on the teacher's years of experience.

Research Design

This quantitative study was modeled after Bailey (2010) who examined several factors that influenced teachers' perceptions of the effectiveness of the RTI and SST process in a Georgia school district. Bailey's study was based on Lee-Tarver's (2006) study, which examined teacher perceptions of the Student Support Team. This study used the Bailey-Tarver survey to gather data from teachers in a Mississippi Gulf Coast

school district. The survey gathered data that allowed the researcher to analyze factors that influenced teacher perceptions of RTI. The dependent variable in this study was perception. The independent variables were full-time and part-time facilitator, area of certification, level of education, and years of experience.

Participants

The participants in this study included certified teachers in grades K-5 within a school district on the Mississippi Gulf Coast. Four elementary schools were asked to participate. General education teachers and special education teachers were asked to participate. Demographic information was collected throughout the survey to report years of experience, level of training, area of certification, and whether their RTI teams were led by administrators or not.

Instrumentation

The proposed instrument for this study was the Bailey-Tarver Survey Instrument (Appendix B). Permission to use and modify the instrument was obtained from Bailey via email (Appendix C). The survey questionnaire included four demographic questions, 21 Likert scale statements, and two multiple response statements. There were five values used to quantify the responses: 1. Strongly Disagree (SD); 2. Disagree (D); 3. No opinion (N); 4. Agree (A); and 5. Strongly Agree (SA). Teacher perceptions of RTI and TST were the focus of the questionnaire items. One modification was the wording of the original items that referred to the Student Support Team (SST). The Student Support Team was replaced with Teacher Support Team (TST) in the perception section of the survey. The second modification was a perception statement about student achievement. The last modification was an open-ended question, which provided the researcher with

comments or feedback in regards to teachers' experiences with RTI. The survey had a total of 22 Likert scale statements, two multiple response statements, and an open-ended question after the modifications were made.

Validity and Reliability

Bailey (2010) conducted field testing at two elementary schools to ensure internal validity of survey questions for the Bailey-Tarver Survey tool. A team of veteran educators ($n = 13$) were selected to proofread and answer survey statements. These teachers were selected for their familiarity with RTI and SST. The results were analyzed for errors, item analysis, and to ensure the survey was clear and concise (Bailey, 2010). A Cronbach's alpha test to ensure reliability was performed on this survey. Each survey statement was evaluated for reliability. The Cronbach's alpha value for reliability was calculated as $\alpha = 0.809$, of which the value deemed the survey reliable.

Data Collection Procedures

Data collected for this study was gathered using a survey. Certified K-5th grade teachers in a school district along the Mississippi Gulf Coast were invited to participate. The survey questionnaire was made available through Survey Monkey software.

Before Institutional Review Board (IRB) (Appendix D) approval was obtained from The University of Southern Mississippi, the researcher submitted an email to several superintendents (Appendix E) inviting elementary schools to participate in this study and to request that the school administrators serve as the building representative for each school. After permission was obtained from superintendents, the researcher contacted the building representative for each school to establish how they wanted the researcher to proceed with data collection. The researcher requested approval from the

building representatives to allow all survey participants to complete the survey during professional learning community (PLC) meetings or staff meetings at each school.

The participants utilized the computer lab in the school to complete the online survey. Prior to the meeting, all participants received an email from the researcher which was forwarded by the building representative informing them that a research study will be conducted (Appendix F). The email informed potential participants about the purpose of the research, benefits, institutional affiliation, and contact information of the researcher. The letter also informed the participants that the survey was anonymous, confidential, and would require 10-15 minutes to complete. The survey link was included, which allowed access to the online survey. As a token of appreciation, refreshments were provided for all participants. Once the researcher received a sufficient number of survey responses, the data collection ended, and the results were analyzed.

Data Analysis

Once data were collected from the teachers, data analysis began. Survey Monkey was used to export the data into Microsoft Excel. The researcher transferred the data from Microsoft Excel into SPSS to analyze the data from the survey. Descriptive and inferential statistics were used to analyze the data. Teacher perceptions were quantified using a five-point Likert scale. The survey contained 22 questions, two multiple response questions, and one open-ended question. Research questions 1-5 were addressed in survey items 1-22 and in the four demographic statements. Below are the research questions and survey items that were analyzed for this study (Table 1). Analysis of Variance (ANOVA) was used to analyze the null hypotheses.

Table 1

Perception Statements

Research question	Survey Statements
RQ1. How do teachers perceive their familiarity with RTI and TST?	1, 5-6, 20
RQ2. What perceptions do teachers have of the effectiveness of RTI and TST?	7-10, 13-16, 21-22
RQ3. What perceptions do teachers have of RTI and TST related to eligibility for special education?	4, 17-19
RQ4. How adequate do teachers perceive their level of training to be, and do they feel qualified to implement RTI and TST?	2-3, 11-12
RQ5. Is there a difference in the perceptions of teachers regarding RTI and TST based on whether there is a full-time or part-time RTI facilitator, area of certification, level of education, years of experience?	4 demographic statements

Summary

This chapter explained the methods used to examine several factors that influence teachers' perceptions of the effectiveness of the RTI and TST processes. The research was conducted in a school district on the Mississippi Gulf Coast. Reliability and validity was established, and data were analyzed.

CHAPTER IV

RESULTS

Introduction

The purpose of this study was to examine elementary teachers' perceptions of the effectiveness of Response to Intervention (RTI) and Teacher Support Team (TST) within a Mississippi Gulf Coast school district. The mission was to examine teachers' familiarity with RTI and TST, level of training or adequacy, perceptions of RTI and TST effectiveness, perceptions related to special education, and influencing factors on decisions to refer students to TST. Additionally, the study examined teachers' perceptions regarding RTI and TST based on a full-time or part-time RTI facilitator, area of certification, level of education, and years of experience. Chapter IV presents research results for the analysis of data received from the participants through an online quantitative survey. An Analysis of Variance (ANOVA) was used to analyze the data. Descriptive and inferential statistics were used to report the results.

Descriptive Statistics

Demographic Descriptive Statistics

The participants included 83 certified elementary teachers in grades K-5. General education and special education teachers participated. Four elementary schools participated. Two hundred teachers were asked to participate in this study, but eighty-three teachers actually participated. The return rate was 41%. The demographic data included years of experience, level of training, area of certification, and whether a full-time or part-time facilitator led their RTI team.

Years of classroom experience data included the following categories: 0-5 years of experience, 6-12 years of experience, 13-19 years of experience, and 20+ years of experience. The majority of participants had 20+ years of experience, which represented 28.9% of the participants. The smallest group had 13-19 years of experience, which represented 18.1% of the participants. The participants with 0-5 and 6-12 years of experience represented the second highest with 26.5% (Table 2).

Table 2

Years of Experience

Years of Classroom Experience	Frequency	Percent
0-5	22	26.5
6-12	22	26.5
13-19	15	18.1
20+	24	28.9

The highest level of academic training was represented in Table 3. The categories included were Bachelors, Masters, Specialist, and Doctorate. The highest degree earned within the sample population for this study is a bachelor's degree, which shows 48.2%. The participants with a master's degree represented 45.8% of the population sample. Only 2.4% of the sample population earned a doctoral degree, which was the lowest.

Table 3

Highest Level of Academic Training

Level of Academic Training	Frequency	Percent
Bachelor	40	48.2
Masters	38	45.8
Specialist	3	3.6
Doctorate	2	2.4

The areas of certification had two categories: general education and special education. Table 4 shows that 83.1% of the participants were certified in general education, and 16.9% were certified in special education. General education represented the overwhelming majority.

Table 4

Area of Certification

Certification	Frequency	Percent
General Education	69	83.1
Special Education	14	16.9

Most of the schools represented in this study have a full-time RTI facilitator. This means they have an academic strategist or interventionist on staff. The majority, which was 66.3% of the participants reported having a full-time RTI facilitator available to assist with RTI and TST. The other participants, who represent 16.9%, reported having a

part-time facilitator. The part-time facilitators included administrators or other personnel with numerous other duties (Table 5).

Table 5

RTI School Facilitator

Certification	Frequency	Percent
Full-time	55	66.3
Part-time	28	33.7

Survey Descriptive Statistics

Along with basic demographic information, the survey included 22 statements and two multiple response questions (See Appendix B). The survey responses were analyzed using descriptive statistics such as mean and standard deviation. Teacher perceptions were quantified using a five-point Likert scale. There were five values used to quantify the responses: 1. Strongly Disagree (SD); 2. Disagree (D); 3. No opinion (N); 4. Agree (A); and 5. Strongly Agree (SA).

The guiding questions were:

Research Question # 1: How do teachers perceive their familiarity with RTI and TST?

Research Question # 2: What perceptions do teachers have of the effectiveness of RTI and TST?

Research Question # 3: What perceptions do teachers have of RTI and TST as they relate to eligibility for special education?

Research Question # 4: How adequate do teachers perceive their level of training to be, and do they feel qualified to implement RTI and TST?

Research Question #5: Is there a difference in the perceptions of teachers regarding RTI and TST based on whether there is a full-time or part-time RTI facilitator, area of certification, level of education, years of experience?

Research Question 1

Several perception statements addressed teachers' perceptions of their familiarity with RTI and TST. Survey statements 1, 5, 6, and 20 helped to identify teachers' perceptions of familiarity. Participants rated their familiarity with RTI and TST high. The highest rated mean value was 4.25, represented in survey statement 1. The lowest rated mean value was 3.28, represented in survey statement 20. Survey statement 20 had the highest standard deviation, 1.18, which showed the most variability (Table 6).

Table 6

Teachers' Perceptions of Familiarity (N= 83)

Statement Number	Survey Statement	Mean	Std. Deviation
1	I am familiar with the tiered intervention model, which provides more intensive interventions for students based on responses to previous interventions.	4.25	.82
5	I understand the purpose and operation of Teacher Support Team (TST).	4.20	.64

Table 6 (continued).

Statement Number	Survey Statement	Mean	Std. Deviation
6	I consider the paperwork and documentation required for the Teacher Support Team (TST) as part of my intervention on behalf of the student.	3.92	.95
20	The Response to Intervention (RTI) framework prolongs the Teacher Support Team (TST) process unnecessarily.	3.28	1.18

Likert scale 1= Strongly Disagree to 5= Strongly Agree

Research Question 2

Ten perception statements, which were represented in surveys statements 7-10, 13-16, and 21-22 were used to address teachers' perceptions of the effectiveness of RTI and TST. Participants rated their perceptions of the effectiveness of RTI and TST high. The highest rated mean value was 4.41, represented in survey statement 9. The lowest mean value was 3.34, represented in survey statement 16. Survey statements 10 and 21 had the highest variability of perceptions with a standard deviation of 1.09. Survey statement 22, which was added to the original survey, yielded the second highest variability of perceptions with a standard deviation of 1.08 (Table 7).

Table 7

Teachers' Perceptions of Effectiveness (N = 83)

Statement Number	Survey Statement	Mean	Std. Deviation
7	I remain actively involved in the TST process when I refer a struggling student.	4.16	.67

Table 7 (continued).

Statement Number	Survey Statement	Mean	Std. Deviation
8	Research-based interventions and progress monitoring are common classroom practices for struggling learners in the general education setting.	4.35	.59
9	Careful attention to paperwork and documentation are critical parts of the intervention process.	4.41	.75
10	The Teacher Support Team (TST) meetings are useful to me as I seek to help the student.	3.72	1.09
13	The Teacher Support Team (TST) meeting is vital for bringing parental input into the intervention plan.	3.87	1.03
14	The Teacher Support Team (TST) meeting should produce ideas for research-based interventions for struggling learners.	4.37	.51
15	My input at Teacher Support Team (TST) meetings is both valued and desired.	3.94	.90
16	Most general education teachers are supportive of the TST process and RTI framework.	3.34	1.06
21	I am supportive of the TST process and the RTI framework and believe it to be effective for helping struggling students.	3.52	1.09
22	RTI is effective for increasing student achievement.	3.53	1.08

Likert scale 1= Strongly Disagree to 5= Strongly Agree

Research Question 3

There were four survey statements used to describe teachers' perceptions of the relationship between TST/RTI and special education. Survey statements 4 and 17-19 were used to describe teachers' perceptions of the relationship between TST/RTI and

special education, which is illustrated in Table 8. Survey statement 4 had the highest mean, 3.84, and survey statement 17 had the lowest mean, 2.02. Survey statement 19 had the highest standard deviation of 1.15, which contained the most variability.

Table 8

Teachers' Perceptions of Special Education Eligibility (N = 83)

Statement Number	Survey Statement	Mean	Std. Deviation
4	I understand the basic eligibility criteria for special education.	3.84	1.02
17	The Teacher Support Team's (TST) primary purpose is to move students toward special education.	2.02	.95
18	When I refer a student to Teacher Support Team (TST), I expect that he/she will be evaluated for special education.	2.43	1.00
19	The Teacher Support Team (TST) is valuable for monitoring the transition from special education back to the general education classroom.	3.13	1.15

Likert scale 1= Strongly Disagree to 5= Strongly Agree

Research Question 4

Survey statements 2, 3, 11, and 12 helped to describe teachers' perceptions of the adequacy of training and qualifications to implement RTI and TST. The highest mean value was 3.90, which was represented in survey statement 11. The lowest mean value was 3.16, which was represented in survey statement 12. Survey statement 12 also exhibited the most variability with a standard deviation of 1.18 (Table 9).

Table 9

Teachers' Perceptions of Adequacy (N = 83)

Statement Number	Survey Statement	Mean	Std. Deviation
2	I received adequate training prior to serving on the Teacher Support Team (TST).	3.55	1.09
3	I received adequate training prior to the implementation of Response to Intervention (RTI).	3.53	1.12
11	It is my responsibility to provide the interventions for students in Teacher Support Team (TST).	3.90	1.02
12	It should be the responsibility of others to provide the interventions and document the Response to Interventions (RTI).	3.16	1.18

Likert scale 1= Strongly Disagree to 5= Strongly Agree

Statistical Analysis

Research Question 5

The data gathered allowed the researcher to analyze whether there was a significant difference in the perceptions of teachers regarding RTI and TST related to several variables. The variables were full-time and part-time facilitator, area of certification, level of education, and years of experience.

Hypothesis 1

NH1: There will be no difference in the teachers' perceptions regarding Response to Intervention and Teacher Support Team in a school with a full-time facilitator than in a school with a part-time RTI/TST facilitator.

A one-way Analysis of Variance (ANOVA) was used to test the null hypothesis to see if there was a statistical difference in teachers' perceptions of RTI and TST based

on whether there was a full-time or part-time RTI facilitator. The mean of the participants with a full-time facilitator was ($M = 3.67$, $SD = .43$). The mean of the participants with a part-time facilitator was ($M = 3.75$, $SD = .45$), as shown in Table 10. The results indicated that there was no statistical significant difference in how teachers perceived RTI and TST based on a full-time or part-time RTI facilitator, $F(1, 81) = .651$, $p = .422$ (Table 11). Therefore, the results of hypothesis 1 indicated a fail to reject the null.

Table 10

Descriptives of RTI Facilitator

	<i>n</i>	Mean	Std. Deviation
Full-time	55	3.6777	.43
Part-time	28	3.7597	.45
Total	83	3.7054	.44

Table 11

ANOVA Table for RTI Facilitator

	Sum of Squares	<i>df</i>	Mean Square	<i>F</i>	Sig.
Between Groups	.13	1	.13	.651	.422
Within Groups	15.54	81	.19		
Total	15.67	82			

Hypothesis 2

NH2: There will be no difference in the teachers' perceptions regarding Response to Intervention and Teacher Support Team based on the teacher's area of certification (i.e. general or special education).

A one-way Analysis of Variance (ANOVA) was used to test the null hypothesis to see if there was a statistical difference in teachers' perceptions of RTI and TST based on teachers' area of certification (i.e., general or special education). The mean of the participants that are certified in general education was ($M = 3.66$, $SD = .45$). The mean of the participants that are certified in special education was ($M = 3.92$, $SD = .32$). The mean for special education was slightly higher, which revealed a difference in perceptions (See Table 12). There was a statistical significant difference in how teachers perceived RTI and TST based on area of certification, $F(1, 81) = 4.173$, $p = .044$ (See Table 13). Therefore, the results of hypothesis 2 rejected the null.

Table 12

Descriptives of Certification

	<i>n</i>	Mean	Std. Deviation
General	69	3.66	.45
Special	14	3.92	.32
Total	83	3.71	.44

Table 13

ANOVA Table for Certification

	Sum of Squares	<i>df</i>	Mean Square	<i>F</i>	Sig.
Between Groups	.77	1	.77	4.173	.044
Within Groups	14.90	81	.18		
Total	15.66	82			

Hypothesis 3

NH3: There will be no difference in the teachers' perceptions regarding Response to Intervention and Teacher Support Team based on the teacher's level of education (i.e., B.S., M.Ed., Ed.S, or Ed.D.).

A one-way Analysis of Variance (ANOVA) was used to test the null hypothesis to see if there was a statistical difference in teachers' perceptions of RTI and TST based on teachers' level of education (i.e., B.S., M.Ed., Ed.S, or Ed.D). The mean of the participants with a bachelor's degree was ($M = 3.69$, $SD = .39$). The mean of the participants with a master's degree was ($M = 3.73$, $SD = .49$). The mean of the participants with a specialist degree was ($M = 3.67$, $SD = .52$). The mean of the participants with a doctorate degree was ($M = 3.73$, $SD = .58$) (See Table 14). There was no significant statistical difference in how teachers perceived RTI and TST based on level of education, $F(3, 79) = .071$, $p = .975$ (See Table 15). Therefore, the results of hypothesis 3 indicated a fail to reject the null.

Table 14

Descriptives of Level of Education

	<i>n</i>	Mean	Std. Deviation
BS	40	3.69	.39
MEd	38	3.73	.49
EdS	3	3.67	.52
PhD	2	3.73	.58
Total	83	3.71	.44

Table 15

ANOVA Table for Level of Education

	Sum of Squares	<i>df</i>	Mean Square	<i>F</i>	Sig.
Between Groups	.04	3	.01	.071	.975
Within Groups	15.62	79	.20		
Total	15.66	82			

Hypothesis 4

NH4: There will be no difference in the teachers' perceptions regarding Response to Intervention and Teacher Support Team on the teacher's years of experience.

A one-way Analysis of Variance (ANOVA) was used to test the null hypothesis to see if there was a statistical difference in teachers' perceptions of RTI and TST based

on teachers' years of experience (i.e., 0-5, 6-12, 13-19, 20+ years). The mean of the participants with 0-5 years of experience was ($M = 3.69$, $SD = .46$). The mean of the participants with 6-12 years of experience was ($M = 3.72$, $SD = .57$). The mean of the participants with 13-19 years of experience was ($M = 3.71$, $SD = .30$). The mean of the participants with 20+ years of experience was ($M = 3.70$, $SD = .38$) (See Table 16).

There was no significant statistical difference in how teachers perceived RTI and TST based on years of experience, $F(3, 79) = .018$, $p = .99$ (See Table 17). Therefore, the results of hypothesis 4 indicated a fail to reject the null.

Table 16

Descriptives of Years of Experience

	<i>n</i>	Mean	Std. Deviation
0-5	22	3.69	.46
6-12	22	3.72	.57
13-19	15	3.71	.30
20+	24	3.70	.38
Total	83	3.70	.44

Table 17

ANOVA Table for Years of Experience

	Sum of Squares	<i>df</i>	Mean Square	<i>F</i>	Sig.
Between Groups	.01	3	.004	.018	.997

Table 17 (continued).

	Sum of Squares	<i>df</i>	Mean Square	<i>F</i>	Sig.
Within	15.65	79	.20		
Groups					
Total	15.66	82			

Multiple Response Questions

In addition to the 22 survey statements, there were two multiple response questions. The first question asked teachers what modifications, if any, could be made to increase the effectiveness of the TST and/or RTI framework. The participants could select up to three responses from the list. Table 18 shows the frequencies and percentages for each response. Less paperwork received the most responses, which represented 75.9% of the participants. Better team communication received the least responses, which represented 10.8% of the participants. This did not seem to be a factor as it only received nine responses.

Table 18

Table for Multiple Response Question 1(N = 83)

	Frequency	Percent
More time to meet	21	25.3
Less Paperwork	63	75.9
Accelerated process	37	44.6
TST/RTI staff in-service	28	33.7

Table 18 (continued).

	Frequency	Percent
In-service for intervention strategies	32	38.6
More input from specialists	23	27.7
Specially trained facilitators of the process	36	43.4
Better team communication	9	10.8
Observation of the learner by others	33	39.8

The second multiple response question asked teachers to choose up to three reasons why they may have chosen not to refer a student to TST/RTI. Table 19 showed that 61 participants chose not to refer students to TST/RTI because they have been able to deal with problems on their own. This group represented 73.5% of the participants. The second highest chosen response, receiving 50 responses, was problems are not serious enough to document RTI and meet with TST. This represented 60.2% of the participants. The lowest response, receiving 2 responses, was not aware of TST/RTI. This represented 2.4% of the participants.

Table 19

Table for Multiple Response Question 2 (N = 83)

	Frequency	Percent
No students experiencing problems	47	56.6
Have been able to deal with problems	61	73.5

Table 19 (continued).

	Frequency	Percent
Do not know enough about TST/RTI	7	8.4
Not aware of TST/RTI	2	2.4
Process is too time consuming	43	51.8
Results may negatively affect expectations for student	14	16.9
Problems are not serious enough to document RTI and meet with TST	50	60.2
TST/RTI often produces little results	33	39.8

Open-Ended Question

In the last section of the survey, participants were asked an open-ended question. The researcher wanted to gain more insight about the participants experience with RTI and TST. The question specifically asked: Is there anything you would like to share in regards to your expertise or experience with Response to Intervention (RTI)? Of the 83 participants who completed the survey, 52 responded to the open-ended question. This group accounted for a 63% response rate. Overall, 35 teachers or 67% replied with an answer, and 17 teachers or 33% answered with *no*, *n/a*, or *no comment*. The researcher examined all participants' answers to determine which answers were frequently used or had a recurring theme. The data showed four significant themes in response to the open-ended question: time-consuming process, too much paperwork, inadequate support, and ineffective interventions or process.

Time-consuming process. The RTI and TST process is too time- consuming is the response the majority of teachers gave in response to the open-ended question. For

example, one participant said, “The process is too long.” Another participant stated, “The RTI process is too time-consuming.” “It usually takes a whole school year before the procedure is done,” stated another participant.

Too much paperwork. The majority of participants in this study believe RTI and TST require too much paperwork. A case in point, one participant stated, “The paperwork is too overwhelming.” Another example, “It is entirely too much paperwork, and it takes too long for the process,” stated another participant. This participant added, “Lots of paperwork and stress on the teacher.”

Inadequate support. Several teachers responded that the support for RTI and TST is not adequate. Several teachers noted, “Every school needs a full-time interventionist.” Another teacher stated, “A lack of support/guidance from administration cause teachers to be unsupportive of the RTI process.” “More help is needed to complete the process one teacher responded.

Ineffective interventions or process. The overwhelming majority of teachers who responded to the open-ended question stated that the RTI interventions or process is not effective. More than half of the participants gave candid responses about the interventions or process. The following comments from participants are some examples that illustrate this point:

“I am very concerned because students are on interventions for years, and they are passed on without help.”

“I have a student who have been on Lexia for years and has made little progress.”

“I believe that a computer program, no matter how wonderful, will never be as beneficial as one-on-one instruction with a teacher.”

“I think the RTI program is a waste of time unless we have someone else to pull students for remediation or tutoring.”

“The process may be more effective if the interventions were more adequate.”

“The TST/RTI is not effective. It takes too long and too much paperwork.”

“I believe TST/RTI best serves students when the teacher works on skills that students are struggling with, in conjunction with research-based computer programs.”

“The majority of the students in RTI for several years have become stagnant in their achievement and they do not meet qualification for SPED services. They are being left behind.”

Summary

This study presented the descriptive and statistical data for teachers' perceptions of the effectiveness of RTI and TST. Eighty-three teachers from a school district on the Mississippi Gulf Coast participated in this study. Overall, teachers reported being familiar with RTI and TST and perceived it to be effective. Teachers also understood the relationship between RTI and special education and felt they were adequately trained. The hypotheses were tested using Analysis of Variance (ANOVA). The first, third, and fourth null hypotheses could not be rejected because there were not statistically significant differences in teachers' perceptions based on full-time or part-time RTI facilitator, level of education, and years of experience. The second null hypothesis could be rejected because there was a significant difference in teachers' perceptions based on certification. The responses to the open-ended question were examined to determine a

frequent theme. The most frequent themes were time-consuming process, too much paperwork, inadequate support, and ineffective interventions or process.

CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

This chapter presents a summary of findings, limitations of the study, and recommendations for further research. The purpose of this study was to examine elementary teachers' perceptions of the effectiveness of Response to Intervention (RTI) and Teacher Support Team (TST) within a Mississippi Gulf Coast school district. This study sought to answer four questions about teachers' perceptions of RTI and TST in a school district on the Mississippi Gulf Coast. This study also sought to find if there was a significant difference in teachers' perceptions regarding RTI and TST related to the following demographic information: full-time or part-time facilitator, area of certification, level of education, and years of experience.

Summary of Findings

The Bailey-Tarver survey was used to collect data from 83 Mississippi Gulf Coast teachers. Four schools participated in this study. The survey contained a demographic section, 22 Likert-scale statements, and two multiple response questions. Participants were also asked an open-ended question at the end of the survey. This enabled participants to leave comments or give feedback. Participants completed the survey online via Survey Monkey. After data collection, the data were exported to Microsoft Excel and then to SPSS to for data analysis.

Research Question # 1: How do teachers perceive their familiarity with RTI and TST?

Four perception statements helped to identify teachers' perception of familiarity. Overall, most teachers agreed with being familiar with the RTI model, the purpose of

TST, and the paperwork and documentation that goes along with RTI and TST.

However, many teachers had no opinion about whether RTI prolongs the TST process unnecessarily.

Research Question # 2: What perceptions do teachers have of the effectiveness of RTI and TST?

Ten perception statements addressed teachers' perceptions of the effectiveness of RTI and TST. Most of the survey statements addressed this research question. For the most part, teachers agreed that they must remain active in the TST process when referring a struggling student. Teachers also believed that research-based interventions and progress monitoring are common classroom practices for general education and that careful attention to paperwork and documentation are critical to the process. Teachers agreed TST meetings were beneficial, and parental input is vital. Teachers agreed that their input at TST meetings is both valued and desired.

For the most part, general education teachers are supportive of the TST process and RTI framework and believed it to be effective for helping struggling students. However, quite a few teachers still disagreed. As indicated in the literature review, teacher efficacy is important to RTI implementation. Research suggests that teacher efficacy may account for individual difference in teacher effectiveness (Ashton, 1984; Bandura, 1977; Gavora, 2010; Tschannen-Moran & Woolfolk-Hoy, 2001). Overall, teachers perceived RTI as effective for increasing student achievement despite the fact that 22.9% of the teachers disagreed. This research aligned with Bandura's theory that teachers understand and implement RTI based on self-efficacy, which is the belief that

teachers can bring a desired outcome based on their beliefs, behavior, or motivation (Bandura, 1977).

Research Question # 3: What perceptions do teachers have of RTI and TST as they relate to eligibility for special education?

In this sample, most teachers understood the basic eligibility criteria for special education. Most teachers did not expect a student to be evaluated for special education when referred to TST; on the other hand, 8% of the teachers felt TST's primary purpose is to move students towards special education. Teachers agreed that RTI and TST's primary purpose is not to move students towards special education but represents a progressive intervention approach that identifies students at risk for learning difficulties while providing early intervention with the goal of improving the achievement of all students (Sugai & Horner 2009). Education reform has brought RTI to the forefront of educational practice and service delivery as an alternative to the traditional approach to identifying students with learning disabilities (Sugai & Horner, 2009).

Research Question # 4: How adequate do teachers perceive their level of training to be and do they feel qualified to implement RTI and TST?

Overall, teachers agreed they were adequately trained on TST and RTI frameworks. However, 15% did not feel adequately trained for TST, and 19% did not feel adequately trained in RTI. Districts may need to offer training on a regular basis. These findings are consistent with The Council of Administrators of Special Education (CASE) and Spectrum K12 School Solutions. CASE and Spectrum K12 School Solutions (2010) educators asserted that the biggest obstacle in regards to the implementation to RTI was lack of adequate staff education and training. Nunn and Jantz

(2009) contend that teacher belief about their capabilities and influence upon positive learning outcomes, as it relates to RTI, is related to the precepts of training using the RTI model.

Research Question #5: Is there a difference in the perceptions of teachers regarding RTI and TST based on whether there is a full-time or part-time RTI facilitator, area of certification, level of education, and years of experience?

Research Question #5 was measured by the following null hypotheses:

NH1: There will be no difference in the teachers' perceptions regarding Response to Intervention and Teacher Support Team in a school with a full-time facilitator than in a school with a part-time RTI/TST facilitator.

The findings from the study indicated that there was no difference in how teachers perceive RTI and TST based on whether there was a full-time or part-time RTI facilitator. While this may be true, 33.7% of the participants have a part-time facilitator, and most of them commented on the open-ended question at the end of the survey. In a similar study, teachers' perceptions were not different based on whether the school had someone to facilitate SST and RTI frameworks full-time or part-time (Bailey, 2010).

NH2: There will be no difference in the teachers' perceptions regarding Response to Intervention and Teacher Support Team based on the teacher's area of certification (i.e., general or special education).

There was a significant difference in perceptions based on teachers' area of certification. Teachers that were certified in special education had a different perception. In the past, special education teachers were given referrals for students who were not making adequate progress in the general education classroom (Swigart, 2009). Now, RTI

is an alternative to the traditional IQ-achievement discrepancy model for identifying students with learning disabilities, and students no longer have to *wait to fail* before getting help (Brown-Chidsey, 2007). Considering this, teachers' roles have changed. General education teachers bear the burden of responsibility regarding interventions, documentation, and progress monitoring because RTI is a general education initiative (Barrera & Bryant, 2009; Hernandez, 2012). Another reason is one of the key elements of RTI is early intervention, which happens in the general education classroom (Batsche et al., 2006; NASDSE, 2005; NJCLD, 2005). The research of Swigart (2009) aligns with the finding in this study. Her study indicated that special education teachers' perceptions of RTI were more positive than general education teachers' perceptions of RTI. These are the contributing factors for differing perceptions.

NH3: There will be no difference in the teachers' perceptions regarding Response to Intervention and Teacher Support Team based on the teacher's level of education (i.e., B.S., M.Ed., Ed.S, or Ed.D.).

There were no differences in teachers' perceptions of RTI and TST based on their level of education. Overall, teachers' perceptions of RTI and TST were the same regardless of their level of education. According to Ashton (1984), teachers' beliefs and confidence about their ability to bring positive outcomes in their classrooms and teaching in general, play a pivotal role in their ability to teach students. In essence, teachers' level of education has nothing to do with their ability to implement RTI.

NH4: There will be no difference in the teachers' perceptions regarding Response to Intervention and Teacher Support Team on the teacher's years of experience.

This study indicated that there was no statistically significant difference in teachers' perceptions of RTI and TST based on years of experience. Social cognitive theory is the theoretical basis for this study. As indicated in the literature review, social cognitive theory provides a basis for how teachers may respond to RTI and TST. Personal, environmental, and behavioral factors may influence one another (Bandura, 1977, 1986, 1989, 2001). Educational policies, procedures, professional development, social networks, and school environment represent external factors that interact with individual personal characteristics that shape teachers' perceptions of RTI (Benjamin, 2011). As stated earlier, self-efficacy, or the ability, knowledge, and skills one must possess to successfully produce a desired outcome, is critical to RTI implementation. Therefore, years of experience do not influence teachers' perceptions. Reed (2008) examined perceptions of RTI and TST among teachers with less than five years of experience and teachers with more than five years of experience. The comparisons revealed that there were no significant differences between the two samples.

Conclusions

According to the results, there were no significant differences in teachers' perceptions based on a full-time or part-time RTI facilitator, level of education, and years of experience. However, there was a significant difference in perceptions based on area of certification. Overall, teachers perceive RTI and TST as effective, but the two multiple response questions and the open-ended question at the end of the survey revealed some areas of concern.

In the first multiple response question, participants were asked what modifications could be made to increase the effectiveness of TST and/or RTI framework. Most of the

participants selected less paperwork, accelerate the process, more in-service for intervention strategies, and more training for RTI facilitators. This seems to be a recurring theme as indicated in previous studies (Bailey, 2010; Hernandez, 2012; Reed, 2008).

In the second multiple response question, participants were also asked if they have chosen not to refer a student to TST or RTI and to explain the reasons. Most participants reported that they have been able to deal with problems on their own or that problems were not serious enough to document RTI and meet with TST. Many reported that none of their students were experiencing problems. Additionally, many participants reported the process is too time-consuming. Some participants reported that TST/RTI often produced little results.

The open-ended question at the end of the survey yielded four emerging themes: time-consuming process, too much paperwork, inadequate support, and ineffective interventions or process. These themes are consistent with responses from the multiple response questions. Over 50% of the comments indicated that the process is too long and that there is entirely too much paperwork involved. Several participants also commented that the RTI process is not effective. Participants also shared having a full-time RTI facilitator and that having support is beneficial to the RTI process. McCormick (2010) also found that the participants of her study had concerns about the amount of time needed to effectively implement RTI interventions, the difficulty of fitting RTI interventions into an already full schedule, and a lack of support needed to implement RTI with fidelity.

Limitations

This study had several limitations to consider. One limitation was the small sample size. Two hundred teachers were asked to participate; only eighty-three teachers completed the survey. There was a 41% return rate. Participation was only limited to one school district on the Mississippi Gulf Coast. Participation was voluntary. The sample was limited to elementary teachers and did not include middle or high school teachers. General and special education teachers were asked to participate. The number of participants that chose no opinion as a response for several survey statements was a limitation as well.

Recommendations for Policy or Practice

Based on the findings of this study there are several recommendations for school leaders. Districts are encouraged to offer more in-service or teacher training to ensure staff members are properly trained on RTI and TST. Findings in this study indicated that 33.7% of teachers need TST/RTI staff training, and 38.6% of teachers need in-service training for intervention strategies. Literature suggests that professional development should be on-going and consistent with what the staff needs in order to be successful (Hollenbeck, 2007; Samuels, 2008). Districts should look at how to accelerate or simplify the RTI/TST process. Many participants stated in the open-ended section of the survey that the RTI and TST process is too time-consuming and the paperwork is overwhelming. Moreover, 75.9% of the participants chose less paperwork in the first multiple response question. Districts may also benefit from having a full-time RTI facilitator at each school. Several participants reported the need for a full-time RTI facilitator at each school and more support. Hughes and Dexter (2011) stated that factors

such as extensive and ongoing professional development, administrative support, teacher buy-in, and adequate time for coordination appeared necessary for the success of RTI programs. Districts are also encouraged to offer effective research-based interventions for teachers to utilize. The lack of specificity in the selection of research-based interventions is a concern in implementing RTI (Berkeley, Bender, Peaster, & Saunders, 2009).

Recommendations for Future Research

This study provided insight into elementary teachers' perceptions of RTI and TST. Future research that is relevant to this topic could expand this study. The following are recommended for future studies:

1. Future studies could include middle and high school teachers' perceptions of RTI and TST in this area or other areas in Mississippi. This study was limited to elementary schools. Middle and high schools could benefit from a study on teachers' perceptions of RTI.
2. Future studies replicating this study could include a larger region or demographic to see if the same concerns or other concerns exists. This study only included one school district on the Mississippi Gulf Coast.
3. Future qualitative studies should be conducted to examine teachers' perceptions of RTI and TST. This study was quantitative. A qualitative study would really explore teachers' perceptions of RTI and TST.
4. Future studies on the fidelity and the implementation of RTI. This study revealed that the interventions are ineffective and the process is not working

for students that are struggling; therefore, it would be interesting to see if there is an issue with fidelity and the implementation of RTI.

5. Future studies on students' perceptions of RTI. This study also revealed that students have been in the RTI process for years with limited progress. They have been in *RTI limbo* while falling through the cracks academically. It would be very interesting to see what students think of the process since they actually have to go through the process.
6. Future studies on the impact RTI has on student achievement.

Summary

This chapter provided a summary and a discussion of findings. There were no major differences in elementary teachers' perceptions of the effectiveness of RTI and TST based on years of experience, level of education, and whether schools had a full-time or part-time RTI facilitator. However, there was a difference in teachers' perceptions based on teachers' area of certification. This study was limited to K-5 general and special education teachers in one school district. Recommendations for both districts and future studies were made. In conclusion, the findings in this study are important and contribute to the improvement and effectiveness of RTI and TST.

APPENDIX A

PERMISSION TO USE GRAPHIC



Shanta Rhodes <shanta.rhodes@eagles.usm.edu>

Permission

2 messages

Shanta Rhodes <shanta.rhodes@eagles.usm.edu>

Thu, Oct 24, 2013 at
9:19 AM

To: nancy.reder@nasdse.org

Dear Nancy,

My name is Shanta Rhodes and I am a doctoral student at University of Southern Mississippi. I am writing my dissertation on Teacher's Perceptions of the Effectiveness of RTI. I would like to obtain permission to use the triangular graphic used in the May 2006 publication by NASDSE on Response to Intervention. Full credit and citation will be given.

Here is my contact information if you have any questions or concerns.
email: shanta.rhodes@eagles.usm.edu.

Sincerely,

Shanta Rhodes

Nancy Reder <nancy.reder@nasdse.org>

Thu, Oct 24, 2013 at 9:24 AM

To: Shanta Rhodes <shanta.rhodes@eagles.usm.edu>

Cc: Nancy Reder<nancy.reder@nasdse.org>

This email will serve as written permission to use the graphic so long as you cite NASDSE as the source of the material.

N

Nancy Reder

Deputy Executive Director

NASDSE

(703) 519-1506 -- direct dial

www.nasdse.org

APPENDIX B

SURVEY INSTRUMENT

Bailey Tarver TST/RTI Survey

Directions: Please consider carefully and circle ONE response to each of the following statements.

Demographics

Respondent's completed years of classroom experience	0-5 years	6-12 years	13-19 years	20+ years
Respondent's Highest Level of Academic Training	Bachelor of Science (B.S.)	Master of Education (M.Ed.)	Education Specialist (Ed.S.)	Doctor of Education (Ed.D. or Ph.D.)
Respondent's Certification	General Education		Special Education	
Respondent's School has:	A designated person whose <u>sole</u> responsibility is to carry out or facilitate TST and/or RTI frameworks (i.e. Teacher Support Specialists or RTI coach or leader) for the school.		A contact person for TST and/or RTI who has <u>numerous</u> other duties assigned (i.e. Assistant Principal, ILT, counselor, and/or grade level lead teacher) within the school.	

Perception Survey

1. I am familiar with the tiered intervention model which provides more intensive interventions for students based on responses to previous interventions (RTI).	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
2. I received adequate training prior to serving on the Teacher Support Team (TST)	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
3. I received adequate training prior to the	Strongly	Agree	No	Disagree	Strongly

implementation of Response to Intervention (RTI).	Agree		Opinion		Disagree
4. I understand the basic eligibility criteria for special education.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
5. I understand the purpose and operation of Teacher Support Team (TST)	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
6. I consider the paperwork and documentation required for the Teacher Support Team (TST) as part of my intervention on behalf of the student.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
7. I remain actively involved in the TST process when I refer a struggling student.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
8. Research-based interventions and progress monitoring are common classroom practices for struggling learners in the general education setting.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
9. Careful attention to paperwork and documentation are critical parts of the intervention process.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
10. The Teacher Support Team (TST) meetings are useful to me as I seek to help the student.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
11. It is my responsibility to provide the interventions for students in Teacher Support Team (TST).	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
12. It should be the					

responsibility of others to provide the interventions and document the Response to Interventions (RTI)	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
13. The Teacher Support Team (TST) meeting is vital for bringing parental input into the intervention plan.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
14. The Teacher Support Team (TST) meeting should produce ideas for research-based interventions for struggling learners.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
15. My input at Teacher Support Team (TST) meetings is both valued and desired.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
16. Most general education teachers are supportive of the TST process and RTI framework.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
17. The Teacher Support Team's (TST) primary purpose is to move students toward special education.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
18. When I refer a student to Teacher Support Team (TST), I expect that he/she will be evaluated for special education.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
19. The Teacher Support Team (TST) is valuable for monitoring the transition from Special Education back to the general education classroom.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
20. The Response to Intervention (RTI)	Strongly	Agree	No	Disagree	Strongly

framework prolongs the Teacher Support Team (TST) process unnecessarily.	Agree		Opinion		Disagree
21. I am supportive of the TST process and the RTI framework and believe it to be effective for helping struggling students	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
22. RTI is effective for increasing student achievement.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree

Short Answer Response

In your opinion, what modifications, if any, could be made to increase the effectiveness of the Teacher Support Team (TST) and/or Response to Intervention (RTI) framework? (Select up the THREE (3) responses.)	<p>More time to meet</p> <p>Less paperwork</p> <p>Accelerated process</p>	<p>TST/RTI Staff in-service</p> <p>In-service for intervention strategies</p>	<p>More input from specialists</p> <p>Specially trained facilitators of the process</p>	<p>Better team communications</p> <p>Observations of the learner by others</p>
If you have recently chosen not to refer a student to TST/RTI, please explain your reasons and/or concerns (Select up to THREE (3) responses.)	<p>No students experiencing problems</p> <p>Have been able to deal with problems</p>	<p>Do not know enough about TST/RTI</p> <p>Not aware of TST/RTI</p>	<p>Process is too time consuming</p> <p>Results may negatively affect expectations</p>	<p>Problems is not serious enough to document RTI and meet with TST</p> <p>TST/RTI often produces little results</p>

Open-ended Question

Is there anything you	
-----------------------	--

would like to share in regards to your experience and expertise with Response to Intervention?	
--	--

APPENDIX C

PERMISSION TO USE AND MODIFY BAILEY-TARVER SURVEY INSTRUMENT

RE: Permission to use Bailey-Tarver Survey

Bailey, Lynn <Lynn.Bailey@henry.k12.ga.us>

Thu, Jun 20, 2013 at 6:14 PM

To: shantarhodes<shantarhds@gmail.com>, "shanta.rhodes@eagles.usm.edu" <shanta.rhodes@eagles.usm.edu>

Cc: "lrbailey@liberty.edu" <lrbailey@liberty.edu>

Hi Shanta ~ I would be honored for you to use my research survey. You may consider this email written consent to use the survey as printed in my doctoral study. I wish you all the best in your endeavors. I'd love to see a copy of your results when you are done if possible. I find it fascinating to read what's going on in other places.

~~~~~

Dr. Lynn Bailey

[lbailey@henry.k12.ga.us](mailto:lbailey@henry.k12.ga.us)

EIP Teacher / Language Arts Chairperson

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**From:**shantarhodes [[shantarhds@gmail.com](mailto:shantarhds@gmail.com)]**Sent:** Thursday, June 20, 2013 11:58 AM**To:** Bailey, Lynn**Cc:**[lrbailey@liberty.edu](mailto:lrbailey@liberty.edu)**Subject:** Permission to use Bailey-Tarver Survey

Dear Dr. Bailey,

I am writing this email in regards to your dissertation study and to make a request regarding your survey tool. Your dissertation is very impressive, relevant, and timely. I've gained a great deal of insight from your research. Congratulations on your wonderful accomplishment!

I am a student at the University of Southern Mississippi in Hattiesburg, MS and currently working on my dissertation. I am very interested in the Response to Intervention and Teacher Support Team within my school district.

I would like to request your permission to use the survey tool used in your study. I understand your survey tool was obtained from Dr. Aleada Lee-Tarver, Dr. Joan Rankin and Donna Aksamit, with your contribution of 2 additional questions added to the end of the study.

In addition, I would like permission to change Student Support Team (SST) to Teacher Support Team (TST) throughout the survey tool. I would make certain that you receive full recognition and citation for your work.

If permission is granted, I plan to use Survey Monkey as plan A and a paper version as plan B. I would greatly appreciate your assistance with this matter.

If you have any concerns or questions please feel free to contact me via my cell phone



number (601) 942-3299 or the following emails; [shanta.rhodes@eagles.usm.edu](mailto:shanta.rhodes@eagles.usm.edu) or [shantarhds@gmail.com](mailto:shantarhds@gmail.com).

I look forward to hearing from you at your earliest convenience.

Sincerely,

Shanta Rhodes

University of Southern Mississippi

---

**RE: Permission to use Bailey-Tarver Survey**

**Shanta Rhodes** <[shanta.rhodes@eagles.usm.edu](mailto:shanta.rhodes@eagles.usm.edu)>

Mon, Sep 30, 2013 at 9:40 AM

To: "Bailey, Lynn" <[Lynn.Bailey@henry.k12.ga.us](mailto:Lynn.Bailey@henry.k12.ga.us)>

Dr. Bailey,

I hate to bother you again but I would like to get clarification on permission to use the Bailey-Tarver Survey Tool. I would like permission to change Student Support Team (SST) to Teacher Support Team (TST) throughout the survey tool and add an open-ended/comment question at the end. I would make certain that you receive full recognition and citation for your work. We refer to the problem-solving team as Teacher Support Team in Mississippi.

Sincerely,

Shanta Rhodes

University of Southern Mississippi

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**RE: Permission to use Bailey-Tarver Survey**

**Bailey, Lynn** <[Lynn.Bailey@henry.k12.ga.us](mailto:Lynn.Bailey@henry.k12.ga.us)>

Mon, Sep 30, 2013 at 3:54 PM

To: Shanta Rhodes <[shanta.rhodes@eagles.usm.edu](mailto:shanta.rhodes@eagles.usm.edu)>

*Hi Shanta*

*You have permission to change the team name from SST to TST. You are also welcome to add open-ended/comment section to the end of the survey as well. Good luck in your work. Looking forward to seeing your finished research! lb*

Lynn Bailey

**Shanta Rhodes** <[shanta.rhodes@eagles.usm.edu](mailto:shanta.rhodes@eagles.usm.edu)>

Mon, Oct 14, 2013 at 7:42 AM

To: "Bailey, Lynn" <[Lynn.Bailey@henry.k12.ga.us](mailto:Lynn.Bailey@henry.k12.ga.us)>

Hey Dr. Bailey,

Thank you so much for permission to use and modify the Bailey-Tarver Tool. I have

submitted my proposal and I see the light at the end of the tunnel. Have a blessed day!  
Shanta Rhodes

## APPENDIX D

## INSTITUTIONAL REVIEW BOARD APPROVAL



THE UNIVERSITY OF  
SOUTHERN MISSISSIPPI

## INSTITUTIONAL REVIEW BOARD

118 College Drive #5147 | Hattiesburg, MS 39406-0001

Phone: 601.266.5997 | Fax: 601.266.4377 | [www.usm.edu/research/institutional-review-board](http://www.usm.edu/research/institutional-review-board)

## NOTICE OF COMMITTEE ACTION

The project has been reviewed by The University of Southern Mississippi Institutional Review Board in accordance with Federal Drug Administration regulations (21 CFR 26, 111), Department of Health and Human Services (45 CFR Part 46), and university guidelines to ensure adherence to the following criteria:

- The risks to subjects are minimized.
- The risks to subjects are reasonable in relation to the anticipated benefits.
- The selection of subjects is equitable.
- Informed consent is adequate and appropriately documented.
- Where appropriate, the research plan makes adequate provisions for monitoring the data collected to ensure the safety of the subjects.
- Where appropriate, there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of all data.
- Appropriate additional safeguards have been included to protect vulnerable subjects.
- Any unanticipated, serious, or continuing problems encountered regarding risks to subjects must be reported immediately, but not later than 10 days following the event. This should be reported to the IRB Office via the "Adverse Effect Report Form".
- If approved, the maximum period of approval is limited to twelve months.  
Projects that exceed this period must submit an application for renewal or continuation.

PROTOCOL NUMBER: **13121301**

PROJECT TITLE: **Elementary Teachers' Perceptions of Response to Intervention and Teacher Support Team Effectiveness within Mississippi Gulf Coast Schools**

PROJECT TYPE: **New Project**

RESEARCHER(S): **Shanta D. Rhodes**

COLLEGE/DIVISION: **College of Education and Psychology**

DEPARTMENT: **Educational Leadership and School Counseling**

FUNDING AGENCY/SPONSOR: **N/A**

IRB COMMITTEE ACTION: **Expedited Review Approval**

PERIOD OF APPROVAL: **01/21/2014 to 01/20/2015**

**Lawrence A. Hosman, Ph.D.**  
**Institutional Review Board**

APPENDIX E  
LETTER TO SUPERINTENDANT

Dear Superintendent:

I am Shanta Rhodes, doctoral student in the Department of Educational Leadership and School Counseling at the University of Southern Mississippi. I am currently working on my dissertation which will examine elementary teachers' perceptions of the effectiveness of Response to Intervention (RTI) and Teacher Support Team (TST) within school along the Mississippi Gulf Coast.

The data collected for this study will be collected using a questionnaire will be set-up online using a survey software. I would like your help in collecting data for my study. I would like your permission to contact principals of the elementary schools in the school district to have general and special education teachers and RTI intervenionists/academic strategists participate in this study. The questionnaire will take appoxiatemately 10 minutes to complete.

I assure you that I will not be collecting any personal information during the online survey and all responses will be kept annonymous and confidential. All data will be analyzed at an aggregate level and no individual repsonses will be identified. The there will be no public disclosure of the results of the study. However, I would be more than happy to share the information that I gain from the study with you and principals in the district.

I can be contacted at [shanta.rhodes@eagles.usm.edu](mailto:shanta.rhodes@eagles.usm.edu). I eagerly await your response and greatly appreciate your help.

Sincerely,

Shanta Rhodes

## APPENDIX F

## EMAIL TO TEACHERS

Dear Teachers:

My name is Shanta Rhodes and I am currently working on my dissertation. This study will examine teachers' perceptions of the effectiveness of Response to Intervention (RTI) and the Teacher Support Team (TST). I would like your help in collecting data for my study. The questionnaire will take 5-10 minutes to complete. The Institutional Review Board (IRB) at the University of Southern Mississippi has approved this study. I will not collect personal information during the questionnaire. The questionnaire is anonymous and confidential. All data will be analyzed at an aggregate level and no individual responses will be identified. There are no associated risks on this study.

**This is for all general and special education teachers, academic strategists, and anyone else who deals with RTI/TST.** The questionnaire has been set up online. The web link is <https://www.surveymonkey.com/s/rtitst>. To access it you may click on the link or copy and paste it into a web browser.

I really appreciate your help. If you have any questions or need clarification, please do not hesitate to contact me at [shanta.rhodes@eagles.usm.edu](mailto:shanta.rhodes@eagles.usm.edu).

Sincerely,

Shanta Rhodes

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